	MARYLAND STATE DEPARTMEN	IT OF HEALTH-BALTI	MORE, 18	mada
_	110 CERTIFICAT	E OF DEATH	Reg. Dist. No.	001
	PLACE OF DEATH O. COUNTY A. MARYLAND 2.	USUAL RESIDENCE (Where deceased live. STATE	ved. If institution: Residence before of b. COUNTY	dmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate	e limits, write RURAL and give nearest	lown)
	d. NAME OF HOSPITAL TE not in hospital, give street address) OR INSTITUTION VENEZAL HOSPITAL	d. STREET ADDRESS	- XOILOSAL	S RESIDENCE
3.	NAME OF DECEASED (Type or print) Henry Middle	Less 4. DATE OF DEATH	Manth Day	Year 19 5
9	Male Mute WIDOWED DIVORCED = 5	2-12-1877	80 yrs.	UNDER 24 HF ours Min.
1	during post of working life even it relied) Let Man Go Store	Men Jerse	17) 12. CITIZEN OF W	AT COUNT
	Henry Unclerson	Murial O	Larson	
15. (Y	6. WAS DECEASED EVED IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO (12), no. or unknown) If yes, give wor or dates of service)	ive L. ander	son (2)	
	18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ic Coma		AL BETWEEN AND DEATH
	Conditions, if any, which) DUE TO CSTEBER 744	uorleage le	U-Lew plages	1000
	gave rise to immediate cotts (a), stating the under- lying cause last. DUE TO Frueral Certus	io Schoons + of		venl
CATION	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE	there !	VAS AUTOPS' ERFORMED? S NO E
I CERTIF	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Year 19 Of work of work 19 Of	OF INJURY (Home, form, 20f. (City or street, affice bldg., etc.)	town) (County)	(Stol
	21. I certify that I attended the deceased from Mills Community and that death ac actual Signature Colored Purious Management of the Colored P		he causes and an the date strictly or lown, stole)	

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

22d LOCATION (City, town, or county)

246. REC'D BY REGISTRAR
PDATE JAN 2 0 '58

246 REGISTRAR'S SIGNATURE

(Stote)

VS A1S (4)

PHYSICIAN'S NAME (Type)

220- Byrial, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

DENTIFICATE OF DEATH-

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IF UNDER 1 YEAR IF LINDER 24 HRS Months Doys 12. CITIZEN OF WHAT COUNTRY? U. S. A. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) 1958 that I lost saw the deceased and that death accurred at 11:25 Am, from the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED Crownsville State Hospital, Md. 22d. LOCATION (City, lown, or county) (Stote) 24b. REGISTRAR'S SIGNATURE

P. IS RESIDENCE ON A FARM?

YES NO IX

MARYLAND STATE DEPARTMENT OF HEALTH-TAITMENT. IN AVERAGE. IN ATTAINST. IN ATTAINST.

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OR STATE		14 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00112
ALTH DEPT.		PLACE OF DEATH A A COUNTY A A COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY A A
Reg. Dist. No. HEALTH DEPT. 1. PLACE OF DEATH 1. O. COUNTY A. D. C. CITY OR TOWN! (Ill duilide carporate limits, write RURAL and give necretal form) DO TO THE COUNTY A. D. C. CITY OR TOWN! (Ill duilide carporate limits, write RURAL and give necretal form) A. DATE A. DATE A. D. C. CITY OR TOWN! (Ill duilide carporate limits, write RURAL and give necretal form) A. DATE A. DATE A. D. C. CITY OR TOWN! (Ill duilide carporate limits, write RURAL and give necretal form) A. DATE A.		
	2 with 1 cours off	PART CAPITAL OR RESTRUCTION COUNTY PART COUNTY PAR
oithin 72 h	L	Howard of working life, even if retired) Biltimore Md.
fills form P.M. it. File page only event w	15.	VOLVOIS A. Educateds WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ledgewitte
iner's Office along w a burial-transit perm n, ar removal, and in		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (b) DUE TO
e esed os cremotio	FICATION	PERFORMED? YES \(\square\) NO \(\square\)
and burief,	-	PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.
ge 3 sh ior to	MEDIC	Hour o. m. White Nat white factory, street, office bldg., etc.)
DIRECTOR: Pa noted agent, pr		opinion death resulted from: Natural couses . Accident . Suicide . Homicide . Undetermined manner . ACTUAL SIGNATURE . CHIEF MEDICAL EXAMINER . DATE SIGNED
its of sign	220	EXAMINER'S PAUL F. GUERIN DEPUTY MEDICAL EXAMINER 5 7-58 BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City Joyne of COURSE)
	23.	PSUTIAL 1/3/5 PHILYGIOU Ud - TY UNTON Ud. FUNERAL DIRECTOR'S SIGNATURE PODRESS - 1 240. REC'D BY REGISTRAR'S SIGNATURE PODRESS - 1 240. REC'D BY REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No. 21

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Г	RURAL and give ne	orest town)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o					est lown)
	OK INSTITUTION	COUNTY Anne Arundel MAI CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Annapolis NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Homewood Convl. Home AME OF FIRST Midd OR INSTITUTION Homewood Convl. Home AME OF FIRST MIDD AME OF FIRST MIDD AME OF FIRST MIDD OR CEASED FITZHUGH L AME OF TITZHUGH L AN ARRIED NEVER MAR WIDOWED DIVORCE Salesman NO Salesman NO Salesman Arch B. Black As DECEASED EVER IN U S ARMED FORCES? AS DECEASED EVER IN U S ARMED FORCES? OF UNHADOWN) If you give wire or dodes of service) TO TO STORY OF DEATH (Enter only one cause per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), Arteriosc Conditions, if ony, which gove rise to immediate CAUSE (b). PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D OR ACCIDENT WAS UNDERLYING DETO OR ACCIDENT WAS UNDERLYING DETO OR CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING OF CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING OF CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING OF CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING OF CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING OF CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING OF CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING OF CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING OF CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING OF CAUSE OF DEATH OF CONTRIBUTING OF CAUSE OF DEATH									e	. IS RESIDENCE ON A FARM? YES NO NO
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	Male	White	WIDOWI	ED DIVORCE	o X	Dec. 18	3, 188	1	lost birthdoy)	Months Months	Doys	Hours Min
10	during most of work	N (Give kind of working life, even if retired SM&N	1 1					or foreign co	ountry)	12 CIT		
13	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				-h.
	Arc	h B. Bla	ick			В	Barbar	a L. I	Layman			
15	WAS DECEASED EVER	IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. IN	FORMANT			OOO Mes	les AV	. A)	ot 1131
JY,			5	79-07-2500	Mrs	Armand	Baya				-	
			use per li								INTER	T AND DEATH
	PART 1. DEAT	IMMEDIATE CAUSE (o)	Arterioscl	erot	ic Hear	t Dise	0250				
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CATI												PERFORMED?
CERTIFIC	200 ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED	(Enter noture o	of injury in f	Part I or Part	II of item 18.)	-		
MEDICAL	Hour o.m.		While	Not while	20e. PLA	E OF INJURY (Home, form e bldg., etc.	. 20f (City	or town)	(C	County)	(Slole)
	21. I certify the	at I attended the	decease	ed from AUG	U57	1956	. ta / c	2 1.	AN 195	that L	last sav	w the deceases
	alive on_//	17N										
	() 1		1762	1						ic duit	DATE SIGNED
Anne Atunded B CITY OF TOWN If counside corporate limits, write and give nearest lown) Anne Date of the prince o			13/58									
	PHYSICIAN'S NAME (Type)	Edward S. 1	Beck	MD			thgate	Ave.	Annapo	lis, l	Md.	
Ι.	REMOVAL (Specify)		F							• • •		(Stote)
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	nopplng	funeral Ho	10//	Annaphlia	_MA_		DATE J	AN 15'	20 1 100	المراج المسا	LLA	

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1	PLACE OF DEATH			MARYL	11	. USUAL RESIDEN	ICE (When	e deceased	l lived. If institution			re admis	ion)
-		re Arundel (If outside corporate li	mits, write	c. LENGTH OF STAY II		c CITY OR TON		side corpo	Anne rote fimils, write RL			rest fow	n)
H	Lint	hierm PTAL (If not in hospital	, give street	oddress) 45 year	- 5	Id nth					-	e. IS RES	
L	206	Nursery Ro				206 N	urse		20				FARM?
3.	NAME OF DECEASED (Type or print)	Vice Cole	First B. Bla	Middle Ann		Lest		6. DATE OF DEATH	Mont Januar	_	Do	*	Year 19 58
5.	Male	6. COLOR OR RAC	E 7 MARI	RIED NEVER MARRIED		DATE OF BIRTH	3000		9 AGE (In years last birthday)				R 24 HRS Min.
100	. USUAL OCCUPA	TION (Give kind of wor orking life, even if retir	k done 10b.	KIND OF BUSINESS OR	_ ; .	March 31	E (Stole of	foreign co	84 yrs.	12. CI	TIZEN O	F WHAT	COUNTRY
13.	Retired FATHER'S NAME	Checker	В	&O. Railros		Maryl 14 MOTHER'S MA		ME		Ţ	S.A		
	Edward H					Cinde	rella	And					
	NO. or unknown)	VER IN U. S. ARMED FO		SOCIAL SECURITY NO	Edwa	ard C. B	ไลทท	206	Nursery		Tan	thi	7 7777
		PEATH [Enter only one PEATH WAS CAUSED BY IMMEDIATE CAUSE	. //	ne for (o). (b). and (c).)	27	tema	set	20	52-		INTE	RVAL BE ET AND	TWEEN
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CATION	PART II C	OTHER SIGNIFICANT CO	NDITIONS (CONTRIBUTING TO DEAT	H BUT NO	OT REVATED TO TH	E TERMIN	AL DISEASE	CONDITION GIVE	N IN PAI	RT 1(o) 1	PERFC	AUTOPSY RMED?
CERTIF	20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTI	WAS UNDERLYING A NG CAUSE OF DEAT FY MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OC	CURRED (Enler nature of in	jury in Po	rt I or Port	If of item 18.)				
MEDICAL	20c. TIME OF INJ Hour o. m p m	1.	While	Not while	0e. PLACE foctor	OF INJURY (Horry, street, office blo	ne, form, dg., etc }	20f. (City	or town)	((County)		(State)
	21. I certify alive an	that I attended the	e deceas	ed fram		., 19 <u>03</u> , 1			10 190 8 The causes ar				
	ACTUAL SIGNATURE	Doeple	13	cerler	M.D	23				tale)	3	ali	JE SIGNE
	PHYSICIAN'S NAME [Type]			JOSEPH M	וומאוג	ER, W. R.							/
220	BURIAL CREMAT REMOVAL (Special Bittie 1	10N, 226 DATE THER		22c NAME OF CEMET	ERY OR C	REMATORY	2	_	ION (City, town, or			(Stat	=)
23.	FUNERAL DIRECTO			Spring Hi	4.4	24	o. REC'D	BY REGISTI		TRAR'S SI	GNATUR	E	

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CERTIFICATE OF DEATH 145 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYEAND Inne Hrundo .c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 ě RURAL and give nearest towe) pinous 11/1/1912 asadena d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 130X 349-YES NO 001 4. DATE NAME OF Middle Month Year Day DECEASED OF DEATH (Type or print) 19 5 IF UNDER LYEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years, last, birtheldy) 5 SEX 7. MARRIED M NEVER MARRIED Months Days Hours Min. WIDOWED [7] DIVORCED [YEL 10o. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during mest of working life, even if-cetired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMAN 16. SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Address INTERVAL BETWEEN CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). ONSET AND DEAD PART I. DEATH WAS CAUSED BY: !MMEDIATE CAUSE (6) DUE TO þ permit. Conditions, if any, which any gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? none_ YES NO I 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) o. m. While Not while of work ol work D. M. 20, 1956, to 21. I certify that I oftended the deceased from Masch. 19.5 Lithot I lost sow the deceased and that death occurred of LOLLM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL DIREC PHYSIC!AN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 72c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Yemilar K January 3x1-10 0 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIFECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) 9 300 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND S	STATE DEPARTME	NT OF HEALTH-BAL	TIMORE, 18

113 CERTIFICATE OF DEATH

Rea. Dist. No.

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	1.	PLACE OF DEATH O. COUNTY (MM. Q. Q. MARYLAND) 2.1	O. STATE ACTUAL WHO IS A STATE OF THE STATE	detensed I ved	If institutions Regidence.	e before admission)	
		b CHY OR TOWN (If outside corporate timits, wrste c LENGTH OF STAY IN 1b RURAL and give nearest town).	c. CHY OR TOWN MY outside	le corporate lin	nits, write RURAL and g	ive nearest town)	
	(d-NAME OF HOSPITALITY pot in hospital, give street address) OR INSTITUTION COLUMN SELECTION CONTRACT COLUMN SELECTION CONTRACT COLUMN SELECTION COLUMN SELECTION CONTRACT COLUMN SELECTION COL	d STREET ADDRESS	Jer	race	e. IS RESIDENC ON A FARM YES NO	?
		NAME OF DECEASED (Type or print) HOLLS Buttle 1.		DATE OF DEATH	Manth	29 195	8
	1	Male CAR, WIDOWED DIVORCED 1/	ATE OF BIRTH 1-1904		4 4 4	TYEAR IF UNDER 24 H Days Hours Min	
1	100	On USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) **Comparison of the comparison	11 BIRTHPLACE ISTOJO OF TO	preign country)	e 12. ciri	SEN OF WHAT COUN	ITRY?
	1	William Butter	Hate C	10h	16007	1.	
		WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFOR	atticell	re	n Un	na. MI	X
		18. CAUSE OF DEATH [Enter only one course per line for (a), (b); and (c)] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	eat Fail	له) (مير	The last	INTERVAL BETWEEN	
		Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last.	mlit M.	Mhyl	s Renal		
)	CATION	, 19	T RELATED TO THE TERMINAL	DISEASE CON	DITION GIVEN IN PART	1(a) 19. WAS AUTOP PERFORMED? YES NO	_
	L CERTIFI		nter nature of injury in Part	l or Parl II of i	tem 18.)		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE (Haur a m. 19 of work a work a work)	OF INJURY (Home, form, 2, street, office blag., etc.)	Of. (City or taw	(C	ounly) (Sto	sle)
		21. I certify that I altended the deceased from and that death according to the state of the sta		129		ast saw the dece	
		ACTUAL SIGNATURE ALL RULL SIGNATURE M.D. M.O.			ty or town, state)	DATE SO	
		PHYSICIAN'S NAME (Type)	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		******	/	
	220	220. BURIAL, CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY OR CRE BEMOVAL ISPECIFY 212-1958 COMMENTERY OR CRE	EMATORY 22d	3 NOC	ity, town, or county).	miscale)	-
	23	illion Reisett annapolis m	DATE B 4	registrar	24b. REGISTRAR'S SIG	NATURE 1	
					- Lune 17 100	\$	



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Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) b. COUNTY Anne Arundel MARYLAND Marvland Baltimore City b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Crownsvilke, Md. Baltimore 4 days d NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION
Crownsville State Hospital d. STREET ADDRESS e. IS RESIDENCE 2929 Winsor Ave YES NO D NAME OF DECEASED 4. DATE Middle Yeor (Type or print) Queeni e DEATH Victoria Carroll 1958 January SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9 AGE (In years last birthday) IF UNDER TYEAR IF UNDER 24 HRS Months Days WIDOWED 1 DIVORCED | 1887 70 10a USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? U. S. A. Maryland None 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jace Butler Mary IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Hospital Report IB CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive Heart Failure IMMEDIATE CAUSE (o) 023X **DUE TO** Aortitis Conditions, if any, which unknown gove rise to immediate DUE TO couse (a), stating the under-Syphilis? lying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART No. 19. WAS AUTOPSY PERFORMED? Decubitus ulcers in buttocks YES NO KIK 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg, etc.) Not while at work at work 21. I certify that I aftended the deceased from January, 8, 19.58, to January, II, 19.58 hat I last saw the deceased , and that death occurred at 10:30 MP filling the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATUR 1/13/58 M.D. Crownsville State Hospital PHYSICIAN'S McHenry Mapp, M. D. NAME (Type) Lionel Grownsville - M 22a BUR AL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY (Stote) 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR REGISTRÁRIS SIGNATURE

VS A15 (4) 1SM 10/57

A VIEW .

Dist. Training School

Laurel. Maryland

24b REGISTRAR'S SIGNATURE

24a REC'D BY REGISTRAR

Jan.

23 FUNERAL DIRECTOR'S SIGNATURE

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DIRECTOR:

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

1.	o. COUNTY Anne Aruno	143 le1		MARYL	- 11	2. USUAL RESIDENCE	(Where decea	ised lived If inste		ce before admiss on) Same
	b CITY OR TOWN (If outside of and give nearest town)		u c LENG	TH OF STAY IN	116	c. CITY OR TOWN		and the second s	RURAL and	give neorest town)
-	Pasadena	I I I I I I I I I I I I I I I I I I I	Si	ince bi	th	×		Same		
n	Waterford Ro		n hospilal, give	ilreel oddress)	5	,⊌ STREET ADDRESS 9.MO				ON A FARM?
3	NAME OF DECEASED	First		Middle		Lost	4 DATE OF	Mor	ith	Doy Year
-			Cook		- I		DEATH	o arruar y		1958
5.	264	LOR OR RACE 7.	MARRIED NE	DIVORCED	B. D	ATE OF BIRTH		9. AGE (in years lest birthday)	Months D	YEAR IF UNDER 24 HES
30	lo, USUAL OCCUPATION (GIV	179	h1		DUSTRY	1/3/5'/	de or foreign	(country)	LA PU	EN OF WHAT COUNTRY
	during most at working life,	iven if relifed)	100. 4110 01 01	03/11/23 OK 111	DOJIKI		_	country)	į	
1	NODE				1.	Baltimor				· f
3	William D. O	cols				Betty Jan	a Smiti	h		
1	. WAS DECEASED EVER IN U	. S. ARMED FORCES		CURITY NO	17. INFO	PANANT DELLE	e DIIIT (1	Addres	ns .	
1,	at, no, or unknown) (If yes, g	ive war ar dates of service)		Mna	. Betty Ja	ne G	ook (mot	hor)	
NOTA	Canditians, if any, wh gave rise to immediate co (a), stating the underly cause last. PART II, OTHER SIGN	DUE TO	INS CONTRIBUTION	NG TO DEATH I	BUT NO1	RELATED TO THE TER	MINAL DISEAS	SE CONDITION G	IVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
NCETATION NCETATION		206. DE	SCRIBE HOW IN.	JURY OCCURRE	D (Enfe	r nature of injury in Po	ort I or Part (I	of item 18 }		
MEDICAL	Pour a.m.	Aonth, Doy, Year		t white	PLACE factory,	OF INJURY (Home, for street, office bldg., at	rm. 20f. (Cit	y or town)	(Count	(Slote)
	21. I certify that I t	ook charge af	the remains	described	above	, held an Autop	osy 🔲, I	nspection 🗓	, Inquiry	X, and in my
	opin on death result	ed fram: Nati	ral causes 🛚	XI, Accide	nt 🔲	Suicide	Hamicide	Undet	ermined mo	onner 🔲
	ACTUAL SIGNATURE	land Di	Paule	som.	A	CHIEF MEDICAL	Manual	·		DATE SIGNED
	EXAMINER'S NAME (Type) Gustav	ve H. Faut	ert, M.I).		ASSISTANT MEDI DEPUTY MEDICA			3/58	
Tr.	BURIAL CREMATION, 226 BEMOVAL (Specify)	DATE THEREOF		HAVE.		ematory etery	128 LOCA	TION (City, town,	or county)	Jana Sand
23	EUNERAL DIRECTOR'S ATON		(JADD)	MSS		24a REG	C'D BY REGIST		ISTRAR'S SIGN	ATURE /
-	1111/ 341.72	KLGTV)	15000	LAC	im	DATE	IAN 2 8 '	58 1	Laur	VA

To FU. VS. A15ME 5M 2157

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f MEDIEM. ETTAMNER: This certifizate should be executed within 24 hours ofter death. If any decertificate, writing the ward "pending" in pencit in Item, 18. Give Pages 1, 2, and 3 to the forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may bee UDIRECTOR: Page 3 should be used as a berial-transit permit. File pages 1 and 2 with the grated agent, prior to burial, cremation, at removal, and in any event within 72 hours after the contract of the cont

MEPUTY MEDIBAL ELLAMINER: This certificate should be





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

JAN LUGZIN

EUREAU V. S.

BUNEAU V. S.

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VS ±15 (4) ■M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00126

		152	CERTIFIC	ATE OF DEATH	1		Reg. Dis		U140	
1. PLACE OF DEATH o. COUNTY	Anne Aru	ndel	MARYLAND	2 USUAL RESIDENCE (Who a STATE		d lived If institution b. COUNTY	Some 1		odmission)	
	l (If outside corporate lin	ils, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF o		prate limits, write RU			t town)	
RURAL and give	ownsville, l	id.	5ys,3mo,30da	Crisfield			20			
d NAME OF HOS OR INSTITUTIO	PITAL III not in hospital	give street	address)	d. STREET ADDRESS	,		٠ ,٧		S RESIDENCE	
OK INSTITUTIO	rownsville	State	Hospital, Md	Marion :	Static	on. Md.			ON A FARM? YES TO NO TO	
3 NAME OF	F	rst	Middle	Lost	4. DATE	Mont	b	Day	Year	
DECEASED (Type or print)	Will			Curtis	OF DEATH	1		8	19 58	
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		9 AGE (In years	IF UNDER 1	YEAR IF	UNDER 24 HE	
Male	Negro	WIDOWI		1878		last birthday) 79 yrs	Months	Days H	ours Min	
100. USUAL OCCUPA	TION (Give kind of work	done 10b.	KIND OF BUSINESS OR INDL		or foreign c		12 CITI	ZEN OF V	VHAT COUNT	
Unkno	orking life, even if retire SWM	" _		Maryland	4		11	. S.		
13. FATHER'S NAME				14. MOTHER'S MAIDEN N					A.	
	Unknown			Imle	nown					
15. WAS DECEASEDE	VER IN U.S. ARMED FO	RCES? 16	SOCIAL SECURITY NO. 17	INFORMANT	TOMIT	Addre	233			
(Yes. no. or unknown) Unknown	(If yes, give war or date of		214-12-5416A	Hospital Recor	nda					
	EATH [Enter only one of			1100DIOGI 110001	us			LINTERV	AL BETWEEN	
	EATH WAS CAUSED BY	O.	ongestive Hear	t Failure				ONSET	AND DEATH	
4201	DUE TO	-						Unka	TOMU	
Conditions, if	62.1.3		pertensive Car	diovascular D	isaaa	n with				
gove rise to	immediate (cardial Infar		TOCAN	O 41011	-			
lying cause los	a tue huges.	e)								
Z PART II. C	THER SIGNIFICANT CO	IDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIVE	N IN PART	1(0) 19	VAS AUTOPS	
PART II. C	Chronic Bra	in Syr	drome Associa	ted with Gene	ralize	ed Arteri	oscle	rosis	ERFORMED?	
200. ACCIDENT	VAS LINDERLYING ET	20h DESC	TRIBE HOW INJURY OCCURRE						SET NO	
OR CONTRIBUTION	IG CAUSE OF DEATH	-								
Z 20c. TIME OF INJ	JRY Month, Day, Yo	or 20d. IN	IJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City	(nwet to t	IC.	ounly]	[Sigl	
Hour o.m	3.65	While	Not while fo	ctory, street, office bldg , etc				, o , ,		
				n 13., 53 In	110777	0 50				
alive on Ja	indi i griended in	decease	d from Septembe	+ +> 19 ->> ta_oai	iuai y	9 19.29.	,that I lo	ist saw	the decea	
alive onor	11000	9/2	and that death	accurred at	_M, fran	n the causes or	nd an the	e date		
ACTUAL /	Tisked 11t	HW	4/1/266			reet, city or town, s	lolej	2/4	DATE SIGI	
SIGNATURE	areas !			M.D. Crownsvi	iie, r	<u> 10 </u>	***	1/8/	28	
PHYSICIAN'S NAME (Type)	ionel McHer	irv Ma	DD. M. D.	Growns	rille	State Hos	snital) Md		
220 PORTAL CREMAT	ON, 226 DATE THERE		22g, NAME OF CEMETERY O			TION (City, town, or		=3	(State)	
TREMOVAL (Specif	7) 1.12.0	8	101-1	emetery	(estrell	1 -	40	(Siose)	
23. FUNERAL DIRECTO	R'S SIGNATURE	,	ADDRESS			RAE 245/ NEGIST				
151.1	1 0 1 - X		(D) 1 00	71 0	AN 1 5	'53 000				

BUREAU V. S.

DECEIVED 155 :253

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiration) c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) e. IS RESIDÊNCE ON A FARM? YES NO Y Year Dav Jan. 19 58 9. AGE (In years fost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address INTERVAL BETWEEN ONSET AND DEATH Hypertensive arteriosclerotic Cardiovas-Vrs. Vrs. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO-TO (County) (Slote) 21. I certify that I attended the deceased from December 22 19.57, to Tanyary 3., 19.58, that I last saw the deceased alive an December 29, 19 57, and that death occurred at 2:30 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 400 N. Carrollton Avenue Baltimore 23, Maryland 22d_LOCATION (City lown, or county) (Stote) Baltimore, Maryland 246 REGISTRAR'S SIGNATURE 802 Madison Avenue Charles R. Law JANS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A1\$ (4)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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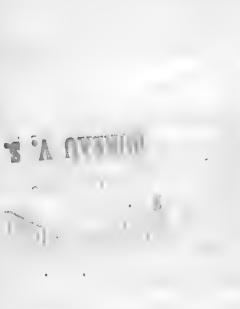
			MARYL	AND STA	ATE DEPARTM CERTIFICA	ENT OF HEALTH	I—BALTIMORE I	, 18	00129
集(Na 1		PLACE OF DEATH	• ,	(6)		2. USUAL RESIDENCE (WI		Reg. Dist.	
B /		o COUNTY	Arundel		MARYLAND	d. STATE Maryland	b. COU	NTY	
		b. CITY OR TOWN (f outside corporate limit	s, write c. Ll	ENGTH OF STAY IN 16		outside corporate limits, wr	ite RURAL ond giv	Goorges e negrest town)
	F	RURAL ond give n	G. Meade			Seat Pleas		16x -	
50		d. NAME OF HOSPI	AL (If not in hospitot, g	ve street addre	55)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
, 70		. S. Arny				6802 Graig	Street. Apt.	20H	YES NO
		NAME OF DECEASED	Fin	ı	Middle	Last	4. DATE	Month	Day Yeor
'n		(Type or print)	WILL		GLEN	BORDIN		January	1958
2	S.	SEX				B. DATE OF BIRTH	9 AGE (In yellost birthde		YEAR IF UNDER 24 HRS.
		Male	vau	WIDOWED [DIVORCED [11 May 1957		yrs. 8 1	3
te te	TUC	during most of wor	ON (Give kind of work d king life, even if retired)	one 10b. KIND	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZ	EN OF WHAT COUNTR
op 1	12	FATHER'S NAME			None		Virginia		USA
afte	13.					14. MOTHER'S MAIDEN N			
273	15		RIN U. S. ARMED FOR		AL SECURITY NO 17. H	Darlen	Grace Adam		
2 h	(ř.	No. or unknown)	(If yes, give wer or detes of se	rvice)				Address	
, <u>c</u>	-		mu fe .			ather, 6802 G	raig St, Apt	20H, Se.	
with			TH (Enter only one country one						INTERVAL BETWEEN ONSET AND DEATH
event		571.0	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Asp	iration of	Voni tus			
8 1		Conditions, if o		Gas	treenteriti:	<u> </u>			
(I)		gove rise to i catse (o), stating							
Pub	7	lying couse lost.) (c)						
navaľ.	CERTIFICATION			OITIONS CONTR	BIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1	(6) 19 WAS AUTOPSY PERFORMED? YES NO
or re-		20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURRED). (Enter noture of injury in (Port I or Port II of item 18.	1	
otion	DICAL	20c. TIME OF INJUR	Y Month, Doy, Yea		OCCURRED 20e. PL/	CE OF INJURY (Home, form	, 20f. (City or town)	(Cou	inly) (Stole)
Ē	MEDI	p. m.	19	of work 🔲					
),	1	21. I certify th	of I offended the	deceosed fr	om 24 Januar	y 19.58, to 2	/ January, 19	58thot I los	st saw the decease
ž.		alive on		_, 19	_, ond that death	occurred ot 3:25	M, from the couse	s ond on the	dote stated abov
5			a start	1, '	1	4	ADDRESS (Street, city or to	wn, slote)	DATE SIGN
To L		ACTUAL SIGNATURE	non les de	- 5 jin .	2	M.D. U.S. Arm	y Hospital,	FGGM. Md.	2/ Jan 5
ā j		PHYSICIAN'S	FRANK L. GR	ICVAV 1					
2	220	BURIAL, COMMENTS	N, 205. DATE THEREO	250 29	MAME OF CEMETERY OF	11.7	22d. LOCATION (City, 10V	vn. or county)	(Stoje)
the re	20	FUNERAL DIRECTOR	1000.00, 1	100 /0		facional	Bellene	14, 111	crytand
) J.	23.	CAL IIA	DO LOS TO	7	ADDRESS	ne -	BY REGISTRAR 246 R	EGISTRAR'S SIGN	ATURE / L
-	LU	wy I.	reguerion	July 1	of stowers	DATE 2	4 Jan 58 With	Jr H. Down	s. Jr. Capt. MS
		6306-	Deluce K	91 20	eceneous - c	1/1K/ 14	VVV 750	Y ' '	. /

PUPLY V. S.

MEDER

	MARYLAND	STATE DEPARTMENT	Γ OF	HEALTH-BALTIMORE, 18	
1	G224, 1/10	/58,			

L	liem 2, i	3 'M G2.	15	66.	OO' CERTI	FIC	ATE OF	DEATI	Н			Reg. Dist	. No.	0130
1.	PLACE OF DEATH o. COUNTY	Anne	Arur	ndel	MAR	rland	2. USUAL o. STATI	LESIDENCE (M	here decease /land	ed lived. If b. C	OUNTY	Residence	e before o	dmission)
	b. CITY OR TOWN (outside corpo execut town)	orole limits, e	write c	LENGTH OF STAY	IN 1b	c. CITY	GLent	outside corp	4	write RU Jtim		ve nearest	10wn)
	d. NAME OF HOSPI OR INSTITUTION	rat (If not in hi Plaza			dress)		d. STRE Furn	ace/Ba	radia	/and	况高高	17/14	• Y	RESIDENCE ON A FARM? IS NO
3	NAME OF DECEASED (Type or print)	SA	RAH		Middle M		DU	TŠOV	4. DATE OF DEATH		Jan.	٠,	1958	Yeor 19
5.	Fema le	6. COLOR O	202	MARRIE!	DI NEVER MARRI		B. DATE OF July		1861	9. AGE [I				OUTS Min.
_	during most of wor HOUSE FATHER'S NAME	king life, even i	of work don if retired)	10b, KI	Home	OR INDU	R	THPLACE (Slote 10hmor ER'S MAIDEN I	nd. V	a .	,	12. CITIZ	ZEN OF W	HAT COUNTRY
15.		ert She R IN U. S. ARA III yes, give wor o	MED FORCE	\$7 16. SC	OCIAL SECURITY NO). U N	NEGRMANT	usan S	Shelt Ootso	n Hai	me te ki	শ্ৰ		
	PART I. DEA	ATH [Enter on ATH WAS CAUS IMMEDIATE (SED BY:		for (a), (b), and (c) erio-sc	,					Dise	ase	INTERV	AL BETWEEN AND DEATH YPS.
	Conditions, if a gove rise to i casse (a), stating lying cause lost.	mmediate ((b) DUE TO (c)											
CERTIFICATION		apital	fra	ctur	NTRIBUTING TO DE O right IBE HOW INJURY O	hij	o , Aug	gust 8	,1957	7		N IN PART	P	VAS AUTOPSY ERFORMED? S NO 1
MEDICAL CERT	OR CONTRIBUTING (IF EITHER, NOTIFY 20c TIME OF INJUR Hour o. m.	MEDICAL EXA	DEATH MINER)	20d. INJ	URY OCCURRED Not while	20e. PL	ACE OF INJU	RY (Home, farm	n, 20f. (Cit			(Co	ounty)	(State)
W	21. I certify It alive on De	nat I attend	led the d	eceased, 19_5	from Sep	death	accurred		5M, frai	m the ca Street, city a	USES OF	nd an the		the deceased stated above. DATE SIGNED
20		ames M		ir,M				ltimo						
L	BURIAL CREMATIC REMOVAL (Specify) Burial	Jan	. 6.	7.95			CREMATOR		An		rund	el C		(Stote)
23.	Holland	Funer		ome	ADDRESS 1631 Dr	ruid	Hill	A DATE OF	D BY REGIS	1958	b. REGIST	RAR'S SIGN	te do	ich



E IS RESIDENC ON A FARM.

YES MO NO

10 58

Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES DE drunk and in my DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22d LOCATION (City, lown, or county) (Stole) 240. REC'D BY REGISTRATE 24b. REGISTRAR S SIGNATE

A 1 5 MAE

NAME (Type)



246 REGISTRAR'S SIGNATURE

246 REC'D BY REGISTRAR

VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

OSI NI DESON EN INCOME DE LA CONTRACTION DEL CONTRACTION DE LA CON

1. PLACE OF DEATH

23. FUNERAL DIRECTOR'S SIGNATURE

44 A DAVI A D. III. AMA AMA DAMA A DA	
MADVIAND STATE DEPADIMENT OF HEATTH RAITIN	DE 19
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIM	OKL. IO
Tters 10.14.12.1 .14.15 517, 3225 2-6-	
	E F AT

00133

Reg. Dist. No.

Co.

24b. REGISTRAR'S SIGNATURE

Arandel

Anne

240. REC'D BY REGISTRAR

CERTIFICATE OF DEATH 114 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

	o. COUNTY	. 110-	h	, MARYL	AND	O. STATE		b. COUNTY	1-	1 1	C -
H	b. CITY OR TOWN (IF		its, write c	LENGTH OF STAY IN	v 1b	c. CITY OR TOWN (If o	outside corp	prate limits, write RU	IRAL and give n	eorest fowr	1)
	RURAL and give ne	A		1 64 10		1 27 1 5 1	1/4	\			•
-	d NAME OF HOSPITA		tive street add	of Clairs		d. STREET ADDRESS	17	0.		e. IS RES	IDENICE
	OR INSTITUTION			1 11 - 12	- 1	To Wall	را سم			ON A	FARM?
	ANNEA	Sangel	regili	of Mark.	181.	TRANCIN -	21.4	21/190000	MJ	AF2	NO
3.	NAME OF DECEASED	Fig.	tat	Midðle		lost	4. DATE	Mont	h C)ay	Year
-	(Type or print)	V	Zual			EVanus	DEATH			6	1958
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	図!	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YEA		ER 24 HRS
	Male.	NEARD	WIDOWED	DIVORCED		4-5-37		2 0 70.	Months Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b. Kil	ND OF BUSINESS OR	INDUS	STRY 11. BIRTHPLACE (State	ar foreign (country)	12. CITIZEN	OF WHAT	COUNTRY
	Laborer	ng me, even a tented	'			Maryl	land		II.S	.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
		Ernes	t. Evan	S		Elizabet	ala III-a	1=2			
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SO		17. II	NFORMANT	ASLEMENTS.	K1.115 Addre	255		
[Ye	NO. or unknown)	If yes, give wor or dates of a	ervice)								
Г	18. CAUSE OF DEAT	TH [Enter only one co	use per line	for (a), (b), and (c).]						TERVAL BE	
		H WAS CAUSED BY:	. 51	. V		1 41	21.		101	SET AND	DEATH
	,	IMMEDIATE CAUSE (d			<u> </u>	rain m	00.00	A E Q		0/4	150
	Conditions, if an		0.5	T. 1 . T	1	Toda I .	~~	1		100	
	gave rise to in	madiate	1 12 av	- (.) · (x)		inal opri	LNG	10W		100	-times
	tying couse last.	he <u>under-</u> DUE TO	Rec	William To	To	lunger sich	Marie /		3	E. 17	Ldan
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS COL	NTRIBUTING TO DEAT	'H BUT	NOT RELATED TO THE TERM	NAL DISEAS	E CONDITION GIVE	N IN PART I(o)		AUTOPSY 1
CATION	1	SONO									RMED?
直	20a. ACCIDENT WAS	UNDERLYING	20b. DESCRI	BE HOW INJURY OC	CURRED). (Enter nature of injury in f	Part I or Pa	rt II of item 18.]		R	
L CERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)		-							
্র	20c. TIME OF INJURY	Month, Day, Ye			Oe. PL/	ACE OF INJURY IHome, form tory, street, office bldg., etc.	, 20f. (Cit	y or lown)	(County)	(State)
MEDI	p. m.		While at work [Nat while	,,,,		"				
1	21. I certify the	at Lattended the	deceased	from \lank	1	. 1958, 10 20	0 44.6	la 1068	that I last a	aw the	decense
L	olive on Ju					occurred at 1:40 A					
	01116 011_32_32		(O ond marc	icom			freet, city or town, s			ea above ATE SIGNEI
	ACTUAL		1	Ta		no. Cathedrala		(=	- 1' - W	4 5 - 1	11 - 10
	SIGNATURE T	tron .	0/1 (0)	A.L	'	N.D.CATINENTER! OF	Dean	ラカでは がが	recresion	A-L-L-S	10 21
	PHYSICIAN'S NAME (Type)	MORTON -	1. 100	ite Mas.							
220	BURIAL, CREMATION	4, 226. DATE THEREC	OF 12	22c. NAME OF CEMET	ERY OF	R CREMATORY	22d. 1OCA	TION (City, town, or	county)	(State	e)
	Burial	1/30/58		Moses Cem				e Arundel		faton	

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VS A15 (4) 15M 9/55

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Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived. If institution. Residence before admission P. COUNTY **b.** COUNTY Anne Arundel MARYLAND Marryland Frederick b. CITY OR TOWN (if outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town)
Crownsville, Md. Amo. 24 days Hope Hill d NAME OF HOSPITAL (If not in hospital, give street address) A STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Crownsville State Hospital. Md YES NO F Middle 4. DATE Year DECEASED DEATH (Type or print) Edith Fields 19 58 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS AGE (In years lost birthday) Doys Hours WIDOWED I DIVORCED [Female Negro yrs 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. Domestic Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Duvall Kathie 16. SOCIAL SECURITY NO 17 INFORMANT Address Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Hypostatic Pneumonia DUE TO Hypertensive Cardiovascular - renal disease Conditions, if any, which gove rise to immediate DUE TO cause (a), staling the under-D.hydration. Decubitus Ulcers lying couse lost PAIT 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO TIKE 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port If of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.] Not while While of work of work 21. I certify that Variended the deceased from August 15 , 19.57, to January 8, 19.58, that I lost saw the deceased glive on January and that death occurred at 2:15P. M. from the causes and on the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE Crownsville. Md. PHYSICIAN'S Commsville State Hospital, Md. NAME (Type) Lionel McHenry Mapp. 220 BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY (Stote) 24o REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

BULLLAU V. S.

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MEGETA

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MARYLAND	STATE DEPARTMENT	OF HEALTH-	BALTIMORE,	18

115 CERTIFICATE OF DEATH

00135

1.	PLACE OF DEATH a. COUNTY			MARYL	AND	a STATE			lived. If institution b COUNTY			
H	b. CITY OR TOWN (IF	ne Arundel autide corporate limi	ts, write	c. LENGTH OF STAY II	N 1b		arylar		ate limits, write R		e Arun	
	Annapolis	arest tawn]		42 Years	.		polis		,			
\vdash	d. NAME OF HOSPITA	L (If not in hospital, g	ive street			d. STREET					e. IS R	ESIDENCE
Т	OR INSTITUTION	Hospital	Arar	apolis, Md.		310	Chesar	neake .	Avenue			A FARM?
3.	NAME OF	Fir		Middle			DAI	4. DATE	Mon	th	Day	Yeor
	DECEASED (Type or print)	Charl		William		FISH	ER	OF DEATH	Janua		14	19 58
5	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED) B.	DATE OF BIR	тн		9 AGE (In years last spirithday)	1	YEAR IF UN	
L	Male	Cau	WIDOWI		_ ;	10 Jar	9	1916	4420 yrs	Months [Days Hour	Min.
110	la. USUAL OCCUPATION during most of works	N (Give kind of work on life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11 BIRTH	PLACE (State	or foreign co	unity)	12. CITIZ	EN OF WHA	T COUNTRY?
L	Carpenter			Joiner		Mar	yland				US	
/²{i3	FATHER'S NAME)				14. MOTHER	'S MAIDEN N	IAME				
L	Albert Lo	uis FISHER				Mar	y Eli:	zabeth	PARKINS	ON		
15	. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	ORMANT		•	Addi	ress	~	-
L	No				1	JSNH, A	nnapo]	Lis, Ma	aryland			
	18. CAUSE OF DEAT	H [Enter only one co	use per lii	ne for (a), (b), and (c).							INTERVAL	BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	, Co	oronary Occl	usi	m					ONSET AN	ox.5Mi
	4201	DUE 10										<u> </u>
	Canditions, if an		, De	ead on Arri	val							
	gave rise to im cause (a), stating t	mediate (
Н	lying cause last.) (c)									
Z	PART II. OTHI	R SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED T	O THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19 WAS	AUTOPSY ORMED?
13] NO 🔀
CERTIFICATION		CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature	af injury in F	art t or Part	tl of item 18.)			
MF CAL	20c. TIME OF INJURY	Month, Day, Yes			Oo. PLAC	E OF INJURY	(Home, farm	20f. (City	or town)	(Co	ounty)	(State)
NA PA	Hour e. n.	19	While at war	k at wark	facto	ry, street, offi	ce bldg., etc.	1				
		at I attended the	decease	ed fram. DOA	1-14	19	58 to		, 19	that L la	ast sow the	deceased
П	alive on		12	, and that a	leath (occurred a	2:00					
П	1 0	7 0			V				eet, city ar town,			PATE SIGNED
П	SIGNATURE	collect		J. Meyer	13	D					14 Jani	ary 58
П	PHYSICIAN'S EL		a develop b		7							*******
	NAME (Type) I'	rederick W.		ER, Jr.		Comm	ander,	Medic	al Corps	, U.S.	Navy	
27	PEMOVAL (Spenify)	1-17-3	58	14 CLECK		CREMATORY	t	224 LOCATI	ON (City, town, o	or county)	ISIA	nte) Q
23	FUNERAL DIRECTOR'S	SIGNATURE Y. Laylas	6ues	ADDRESS	pol	- Mel	2	BY REGISTI		TRAR'S SIGN	NATURE	
E	11.			/			LOVIE IV	1 a p 150	1 1 1 1 C 1		/	

- 'a (MTE118

MAL

MAR TON

Ċ,

_ ',		MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18
17	T+	ors 3 & 8 Film G2MEDICALEXAMINE	R'S CERTIFICATE OF DEATH Rog, Dist. No. 0013
	1, [PLACE OF DEATH . COUNTY #1100 MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE b. COUNTY /
	ŧ	CITY OR TOWN III outside corporale fimils, write RURAL and give necrest fown! RURAL,	V
		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
		Annapolis General Hospital	Z305 Ga- + loke Rl YES NO.
	+	NAME OF J. First Richardsormiddle Deceased Type or print)	Foxue // DATE Month Day Year OF DEATH / 17 19 5
	\$. 9	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 1/17/17 P. AGE (in your lost brithday) A B F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	190	USUAL OCCUPATION (Give kind of York done 10b. KIND OF BUSINESS OR IND Ing most of working life, even if thired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CHIZEN OF WHAT COUNT
	13.	FATHER'S NAMED LEONIGE C FORWELL	4. MODIER'S MAIDEN NAMES LILA TO A WELL PICHAPOLON
	15, Yas	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. no, or unknown)	
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) FRHENOTE - CER, DUE TO	ical spines - PRACTURE
*		Conditions, If any, which gove rise to immediate cause (a), storing the underlying cause lost.	1- Multiple. Abrasions Sudder
	ATION	147	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? YES 1 NO
	CERTIFIC	200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH.	(Enter noture of injury in Part 6 or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour o. m. /~ 1956 of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State foctory, street, office bldg., etc.)
		21. I certify that I taak charge of the remains described a	bave, held an Autopsy . Inspection . Inquiry , and find It
		death resulted from Natural Zauses [], Accident [],	Suicide [], Homicide [], Undetermined cause [].
		ACTUAL SIGNATURE 6 Am Leell	CHIEF MEDICAL EXAMINER
			ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
		EXAMINER'S E. LIWhDROT	DEPUTY MEDICAL EXAMINER 1-12-58
	220	BURIAL, CREMATION, 226. DATE THEREOF ST. NAME OF CEMETERY BMOVAL (Specify) 1-16, 58 87- M	chaels Rigge und.
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE



DECEIVE!

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

101

00137

	F T(0T	CERTIFI	CA	IE OF DEAT	П	Reg. 1	Dist. No.	
1. PLACE OF DEATH				- 11	USUAL RESIDENCE (W	here deceased	lived If nstitution, Resid	ence before od	mission)
A	nne Arundel		MARYLAN	VID OF	Maryla	and	Balt	imore (City
b. CITY OR TOWN	If outside carporole limit earest tawn)	s, write c. LE	ENGTH OF STAY IN 1	1Ь	c CITY OR TOWN (If	outside corpoi	ole limits, write RURAL on	d give nearest t	lown) 🗸
Crownsvi	lle, Maryla	nd 7	yr 5 mo 1	3dh	Baltimo	ore Cit	y 0 /	01.4	_,
OR INSTITUTION	TAL (If not in haspital, gi				d STREET ADDRESS			e IS O	RESIDENCE N A FARM?
	Crownsvill	e State	Hospital		621 China	Street		YES	В ОИ □
3 NAME OF DECEASED	Firs	Jt.	Middle		Last	4. DATE	Month	Day	Yeor
(Type or print)	Joseph		Α.		Franklin	DEATH	January	30,	19 58
5. SEX	6. COLOR OR RACE	_	-		7/23/04		9 AGE (In years IF UND) last birthday) Months	Days Ho	
Male	C C C C C C C C C C C C C C C C C C C	WIDOWED [_ }	17 27 1		53 yrs.		
onting mast of wa	king life, even it refired]	one 10b. KIND	OF BUSINESS OR IN	NDUSTR	11. BIRTHPLACE (State		iuniry) [12 C		HAT COUNTRY?
Laborer					Virgi			U.S.A	•
	D 131				14. MOTHER'S MAIDEN				
	am Franklin		AL SECURITY NO. TI	17 1845	Annie Mi				
[Yes, no. or unknown]	(If yes, give war or dates of se	rvice]				a (rownsville :	State H	ospital
Yes	WWI			nos	pital Record	13	brown sville,	Maryla	nd
	ATH Enter only one cau ATH WAS CAUSED BY:								L BETWEEN ND DEATH
	IMMEDIATE CAUSE (a)	Pu Im	onary Tub	erci	losis, Far	Advanc	ed	6 yea	ars
UDXX	DUE TO								
Conditions, if a	mmediate (
couse (o), stating lying cause lost.	the under-								
	. (c) HER SIGNIFICANT COND	DITIONS CONTR	UBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	MNAL DISEASE	CONDITION GIVEN IN PA	APT 1(a) 19 W	AS AUTOPSY
(I # 1	vascular-Re					WITH BISCHER	CONDINON ON EN INTI	PE	REORMED?
# 20a. ACCIDENT W	AS LINDERLYING D				(Enter nature of injury in	Part I or Port	11 of item 18.1	163	LI NO LI
OR CONTRIBUTING	MEDICAL EXAMINER)								
S 20c. TIME OF INJUI	RY Month, Day, Yea	r 20d. INJURY	OCCURRED 20e	. PLACI	E OF INJURY (Home, for	m, 20f. (City	ar lawn)	(County)	(State)
20c. TIME OF INJUI	19	While I	Nat while	factar	ry, street, office bldg., et	c.)		,	(4.5.4)
	-			-	1054 T		20 50		
glive on Jax		12_ <u>58</u>		-		-	29., 19. 58,that		
GHAS OUT TO GOT	11/2	7 19 20	, and that de	eorn o	ccurred at ZILU	Anness (S)	the causes and an	the date st	lated above.
ACTUAL SIGNATURE A	mark 11 de	ELLE	Maph		Con		le State Hos		1/20/
SIGNATURE	15000	art	111	м г		NATIO ATT	Te pogoe No	PICAL	-11-201-0
PHYSICIAN'S NAME (Type)	ionel McHen	ry Mann	M D.		Cne	numerri I	le. Maryland		
220 BURIAL, CREMATIC			NAME BELGEMETER	EVOR C			ION (City, toyof, or sounty		Class
REMOVAL (Specify	2/2/	5-6	7201	lu	Course	2	ii Che we	"7 F"	Slate)
23 FUNERAL DIRECTOR	'S SIGNATURE	2	ADDRESS			D'BY REGISTI	RAR 24b. REGISTRAR'S	SIGNATURE	AVI CI
6 60	10 R. Ri	45 66	IN Ba	rre	CY		59 000/	~ /	





VS A15 (4) 15M 10/57

		MARYI	LAND	STAT				F DEAT		ALTIM	IORE, 1		list. No	23	138
	PLACE OF DEATH						2. USUA	RESIDENCE (osed lived	l lf instituti	on Reside	ence befo	re odmis	sion)
		rundel			MAR	YLAND	0. 317	Baby	land		ь. соинта	nne	Arun	del	
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c. LENG1	TH OF STAT	Y IN 1b	c. CI1	OR TOWN	If outside co	rporate li	imits, write R	URAL onc	give ne	arest fow	n)
	Annano						10 A	napoli	.8						
	OR INSTITUTION	At (If not in hospital, g	ive street	oddress)			d ST	EET ADDRESS						e. IS RE	SIDENCE A FARME
	323 Wes	t Street						323 We	st Sti	rect				YES [NO E
3	NAME OF DECEASED	Fir	11		Middl	e		Lost	4. DAT	E	Man	rth	Do	у	Year
	(Type or print)	F	ANNI	E	FRI	EDMAI	N		OF DEA	TH e	JANUAR	Y	28		19 58
5	SEX	6. COLOR OR RACE	7. MARI	RIED NE	EVER MARR	IED 🔲	8 DATE O	BIRTH		9 AC	SE (In years				ER 24 HRS.
F	emale	White	WIDOW	ED 💢	DIVORC	ED 🔲	Sep	tember	1869	100	it birthday) 88 yrs	Months	Days	Hours	Alin,
10c	. USUAL OCCUPATIO	ON (Give kind of work i	done 10b	KIND OF	BUSINESS	OR INDU	STRY 11 B	RTHPLACE ISIN	ote or foreign	n country)	12 C	ITIZEN C	F WHA	COUNTRY
	House v			own h	ome			Russia					USA		
13	FATHER S NAME						14 MO	HER'S MAIDEN	MAME						
	UNK	INOWN						UNK	NOWN						
		R IN U. S. ARMED FOR		SOCIAL SE	CURITY NO	O 17 E	NFORMAN	1			Add	ress	IIIO	Wes	t Str
3.4	No	No.	essice)	None		Mrs	s Jos	och Ros	enstei	in-D	aughte	r-	Anna	poli	s. Md
	PART I. DEA	mmediate		dir	ess	eles	ratte	Ala		(se	arl			SET AND	TWEEN DEATH
MOLL	PART II. OTH	ER SIGNIFICANT CON		CONTRIBUT	ING TO DE	ATH BUT	NOT RELA	ED TO THE TER	MINAL DISE	ASE CON	IDITION GIV	EN IN PA	RT 1(a) 1	PERFO	RMEDZ
IL CERTIFICATION	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOV	V INJURY (OCCURRE	D (Enter no	ture of injury	in Port I or F	Part II of	stem 1B.)			YES [NO ET
MEDICAL	20c. TIME OF INJUR Hour O. m. p. m.	Y Month, Day, Yea	While of wor	NJURY OCC Nor was	while	20e. PL	ACE OF IN. clory, street	URY [Home, fo office bldg., o	etc)	City or to	wn)		(County)		(Stote)
	21. I certify the alive on2 ACTUAL SIGNATURE	at I attended the	deceos	-/	DE ond the			15, to_d ot 200	7 ³ M, fr	om the	8 1952 couses of city or town,	nd on		te stot	
22-	PHYSICIAN'S NAME (Type)	Edward S.	Bec				41				Anne			aryl	and
70 D	REMOVAL (Specify)	N, 22b. DATE THEREO					R CREMATO				City town, o			(Stol	e)
		Jan. 29,	70	2"		SIRO.	L Ansl	ne Spha		Bal	timore	, Ma:	ryla	nd	
13.	FUNERAL DIRECTOR!	SIGNATURE	/	ADD	RESS			24a. RE	C'D BY REG	ISTRAR	24b REGIS	STRAR'S,S	IGNATUI	35	

'58

DAYEN 3

Annapolis, Mi.

BUREAU K. L.

836: IS NAL

BECEINED

ALTH—BALTIMORE, 18

BUMBAU V. S.

CEST :

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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164 CERTIFICATE OF DEATH

Reg. Dist. No. 200141

	1. PLACE OF DEATH a. COUNTY Ann	PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STAT Maryland b. COUNTY Anne Arundel					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF	c. CITY OR TOWN (If outside carporate limits, write RURAL and				
				lldays	Elen Bornie	PART/BOTOLE/ Baltimore				
,	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION			d STREET ADDRESS				e. IS RESIDENCE ON A FARM?		
1	U.S. Army Hospital, Ft Meade, Md			1/36/FA/55/A	106/FAASE/ LAIVE/ 729 E 36th St. YES INO ES					
	3. NAME OF First DECEASED		'sl	Middle	Last	OF				
	(Type or print) FLORE			The second secon		DEATH	January	-	11 19 58	
	S SEX	6. COLOR OR RACE		IED NEVER MARRIED	8 DATE OF BIRTH	8 DATE OF BIRTH 9. AGE (In years last birthday) Months				
	Female	White	WIDOWI	· []	21 March 18		66 уп.		Hours Min.	
1	10a USUAL OCCUPATION during most of worl	ON (Give kind of work ong life, even if retired	dane 10b.	KIND OF BUSINESS OR INC	USTRY 11 BIRTHPLACE (State	or foreign cou	ntry} 12.		OF WHAT COUNTRY	
	Housew	ife			Burgetts		a	USA		
	13. FATHER'S NAME	rtin			14. MOTHER'S MAIDEN I		75			
	Milliam M	acuurray				th Julia	a Moore			
	15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of :		SOCIAL SECURITY NO. 17	Wilan M Purdy	(Son)	106 Briss I	lane,	Glen	
	110		[2]	11-11-9/91	kumie Md					
				ne far (a), (b), and (c).]				IN	INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conjestive Heart Failure								1 week	
	# XU. O DUE TO									
	Conditions, if ony, which) Arteriosclerotic Heart Disease								2 Yrs	
	couse (a), stating the under-									
	lying cause last. (c)									
	PART II OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TERM	INAL DISEASE (CONDITION GIVEN IN	PART 1(o)	19. WAS AUTOPSY PERFORMED?	
3 .	5								YES 🚺 NO 🔲	
	PART II OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCCUR	RED (Enter nature of injury in	Part I or Part I	l of item 18)			
	3 20c. TIME OF INJUR		n 200 G	NJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm	201 (5)			45	
	Hour o.m.	1 Month, Day, 16	While	Not while	factory, street, office bldg., etc) 201 (City o	ir rownj	(County) (State)	
	21. I certify th	at I attended the	deceas	ed from 30 Decei	ber 1958 1011	Jan	19 58 that	t I last s	ow the deceased	
		21. I certify that I attended the deceased from 30 December, 1958, tall Jan, 1958, that I last saw the deceased alive on 11 January, 1958, and that death occurred at 07:454M, from the causes and on the date stated above.								
							el, city ar lawn, state)		DATE SIGNED	
	ACTUAL	Law 2	-	5	MO U. S. ARMY	HOSPIT	AL FT GEO	RGE M	EADE, MD	
	PHYSICIANS KEY	rvn		-			The wat with a second		ll Jan 5	
	NAME (Type)	WELSON			II. S. AR	Y HOSP	FT MEADS	MD_		
	220 BURIAL, CREMATIO)F	22c. NAME OF CEMETERY	OR CREMATORY	22d LOCATIO	ON (City, town, or coun	ity)	(Stote)	
	REMOVAL (Specify)	1/11/58		Lorraine	Park Cen	Wood	lawn. Md.			
	23 FUNERAL DIRECTOR	S SIGNATURE	0/	ADDRESS		D BY REGISTRA		S SIGNATE	JRE /	
	VIM. Yi	Vickul!	X	sous - / 201	161744 DATE]]	Jan 58	3 Withtir H. D	ovns,	In Capt. MSC.	

DECENTED ED

BUREAU V. R.

MEDICAL

SOURCE VENTS

OR INSTITUTION Annefrance General Hosp - Box 70 - Poute 7 3 NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH Female WIDOWED DIVORCED PF - 3/864 Gat birthdays Manths Days WIDOWED DIVORCED DIVORCE	de
a. COUNTY AT THE ACTION OF ACTION OF STAY IN 16 b. CITY OR TOWN (If autside corporate limits, write RURAL and give near RURAL and give secret fown) b. CITY OR TOWN (If autside corporate limits, write RURAL and give near RURAL and give secret fown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give near RU	de
b. CITY OR TOWN (If autside corporate limits, write RLRAL and give near RLRAL and give	rest Iown)
d. STREET ADDRESS OR INSTITUTION An METALINE GENERAL HOSP 3 NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH FEMALIS WIDOWED DIVORCED Married Manths Days 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 10. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF COLOR OF	
DECEASED [Type or print] S. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH P. AGE (In years FUNDER I YEAR) Months Days DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Howards working life, even if retired) Authority Dathmorp Dathmorp 12. CITIZEN OF	ON A FARM?
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store or foreign country) How served to the form of the served of the ser	Year 1958
during most at warking life, even if retired) Own from & Bathemorie, Md.	Hours Min.
M. FATHER'S MAIDEN NAME	WHAT COUNTRY?
Vohn Billings Vane tulham	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (19 yes, open yes produced function) (19 yes, open yes produced function) (19 yes, open yes produced function) (10 yes, open yes produced function) (10 yes, open yes produced function) (11 yes, open yes produced function) (12 yes, open yes produced function) (13 yes, open yes produced function) (14 yes, open yes produced function) (15 yes, open yes produced function) (16 yes, open yes produced function) (17 yes, open yes produced function) (18 yes, open yes produced function) (19 yes, open yes) (19 yes, open yes) (19 yes, open yes) (19	95 \$2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (ct.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Celebra bresida forecasional LCC	RVAL BETWEEN ET AND DEATH
Canditions, if any, which) butterioselerotee Cardio vascular disease	everal
gave rise to immediate cattle (a), stating the under-lying cause last, (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19	PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. P. m. 19 20d. INJURY OCCURRED factory, street, affice bldg., etc.] 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) factory, street, affice bldg., etc.)	(State)
21. I certify, that I attended the deceased from functing 10, 1908, to funcing 20, 1958, that I lost say alive on funcing 20, 1958, and that death occurred at \$100 P.M. from the causes and on the date	
ACTUAL B. M. Mc Faceglelin M.D. BFD & By 442 Parallers West.	PATE SIGNED
PHYSICIAN'S NAME (Typo)	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) REMOVAL (Specify) Jan-28,1958 New Cathedral Cem. Tall timete, Mai-y	(State)
23 SUNERAL DIRECTOR'S SIGNATURE Glen BUENIE, Md. 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE JAN 2 3 '58 Cley Buena	h

BUREAU V. S.

NAL

BECEINED

V\$ A15 (4) 15M 10/57

MA

MAR	YLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
£	166	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

00144 Dam Diet No.

								neg. Dist	, 110.		
), PLACE OF DEATH a. COUNTY	Anne Arundel MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admiss on) o STATE Maryland b. COUNTY Baltimore Gity						
b. CITY OR TOWN (b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)					c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)					
Crowns	sville, Md.	9.9	s,7mo,6da	a.	Baltimore						
d NAME OF HOSPIT	d NAME OF HOSPITAL (If not in haspital, give street oddress)				d STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		RESIDENCE			
or institution Crownsv	ille State H	lospita	1, Md.		1427 Walbrook Ave.				ON A FAPM? YES NO X		
3 NAME OF DECEASED	First		Middle		Last	4. DATE	Mc	onth	Day	Year	
(Type or print)	Edwa	ırd			Gray	DEATE	1		20	19 58	
S. SEX	6. COLOR OR RACE	MARRIED [ENEVER MARRIED	8.	DATE OF BIRTH		9 AGE (In year)			NDER 24 HRS	
Male	Negro v	WIDOWED 🔲	DIVORCED		9/22/97		lost birthday)		Doys Hoo	urs Min	
100 USUAL OCCUPATION	ON (Give kind of work do	me 10b KIND	OF BUSINESS OR	INDUST	RY 11 BIRTHPLACE (SION	e or foreign	country)	12. CITIZ	EN OF WE	HAT COUNTRY?	
Labore					Marylai	nd		U.	. S. I	A.	
13 FATHER'S NAME					14. MOTHER'S MAIDEN						
Edwar	d William G	Fray			Alice	Ettins					
15 WAS DECEASED EVE	R IN U 5 ARMED FORCE		AL SECURITY NO.	17 IN	ORMANT		Ad	dress			
(Yes no or unknown) No	(If yes, give wor or dates of serv			H	ospital Rec	ords					
18. CAUSE OF DEA	TH [Enter only ane caus	e per line for	(a), (b), and (c)]						INTERVAL	BETWEEN	
PART I, DEA		ONSET A	ND DEATH								
491X	IMMEDIATE CAUSE (o) DUE TO	137 000	Daore III	1000	ral Broncho	pirounc	77.6.6.4				
	nu miliek Y										
gove rise to i	Conditions, if any, which (b) gave rise to immediate										
lying couse lost,	cause (a), storing the <u>under-</u>										
	7 (1)										
OTA		_				THE DISEA	SE CONDITION O	IVEN IN FARI	PE	REORMED?	
20s ACCIDENT WA	Schizophrenia - Paranoid Type YES NO 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port Lor Port II of item 18)										
OR CONTRIBUTING											
20c. TIME OF INJUR	Y Month, Day, Year			Oe PLAC	E OF INJURY (Hame, for	m, 20f (Cit	ly or town)	(Co	onty)	(Slate)	
Hour o.m.	19	While I	Nat while		ry, street, office bldg., et	(C.)					
21. I certify th	21. I certify that I attended the deceased from June 14 , 19 48, to January 20 , 19 58 that I last saw the deceased										
alive onJ	7 4 00 50										
	11	1, 87%					Street, city or town			DATE SIGNED	
ACTUAL SIGNATURE	Jene	my	4	M	c. Crownsy	dlle,	Md.		1	/20/58	
PHYSICIAN'S NAME (Type)	L. Benedic	t, M. 1	D		Crownsy	ille	State Hos	spital,	Md.		
220 BURIAL, CREMATIO	226, DATE THEREOF	58 3	NAME OF CENT	ERY OF	CREMATORY)	22d LO	TION Cirytown,	or county)	7 1	Sto(e)///	
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS 3	2	V. 24g. 9F0	D BY MEGIS	TRAR 246 REG	ISTRAR'S SIGN	NATURE	11111	
mag. Kar	H. RAGI	liamos	2.4.	Vd.	24 DATE			1	~ 1		
114467 71 (4)	ACE VI . VO AV	MATERIA O	ARAM		W KANDONIE	AN 2 3	'58 ' ()	- LOUI	ch-		

BECEINED SES

BUREAU V. S.

FOR STATE HEALTH DEPT

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		16	DICAL	XAMINER	'S CER	TIFICA	re o	F DEATH	Reg. D	ist. No.	0145
	1. PLACE OF DEATH COUNTY Anne	e Arundel		MARYLAN	O STAT	RESIDENCE (V	Vhere dec	eosed lived If instit 6 COUN		ence befo	re admission)
	b CITY OR TOWN (1 and give negres) fown) Glen Bur		h h	ength of Stay in 1 1 Months	c. CIT	or town (III Same	outside o	corporate limits, write	RURAL on	d g ve пе	prest fown)
	Box 330-A-		If not in hospital,	give street oddress)	d STRI	Same	€				S RE IDEN E ON A FARM? YES NO X
	3. NAME OF DECEASED (Type or print)	Barbara	_	Middle	over sametas at Maddinistillida dibs.	Lost	4 DATE OF DEAT			Day	Yeor 19 58
	5. SEX Female	6 COLOR OF RACE Colored	7. MARRIED WIDOWED	NEVER MARRIED N	1	187H		9 AGE (In years fost berinday)			Hours Min.
	100 USUAL OCCUPATION during most of working	N (Give kind of work life, even if retired)	done 10b KIND	OF BUSINESS OR INDL		timore		n country)		S.A.	WHAT COUNTRYS
	13. FATHER'S NAME Alvin Hal	7			14 MOTH	er's ma den i	NAME	7.7		,~,,,,	'
	15. WAS DECEASED EVE		SELAYCO		INFORMANT			Addres	5		
	PART I DEATH	Enter only one cou	se per line for (o			rents.	No. 2 600m2			ONSET	AL BETWEEN AND DEATH
	085.0 DUE TO									,	
	Conditions, if any gove rise to immedia (o), stating the un	ofe couse	of Mes	sles.			· · · · · · · · · · · · · · · · · · ·			Fer	w hours
1	PART II. OTHE	R SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED	TO THE TERM	NAI DISE	ASE CONDITION GI	VEN IN PAR		WAS AUTOPSY PERFORMED? ES NO IX
	200. EXTERNAL CAUS	SE WAS 20	6 DESCRIBE HOY	V INJURY OCCURRED	(Enter noture	of injury in Por	I I or Port	t (I of item 18.)			

î	PRIM	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.						
	20€.	TIME O	F INJURY	Month				

21. I certify that I took charge of the remains described above, held an Autopsy . Inspection [CL] Inquiry [CL]

20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) While Not while of work at work factory, street, office bldg, etc.)

(County) (State)

opinion death resulted from: Notural causes KI Accident [] ACTUAL

CHIEF MEDICAL EXAMINER

DATE SIGNED

and in my

EXAMINER'S Gustave H. Faubert, M.D. NAME (Type) 220. BURIAL CREMATION, 1226. DATE THEREOF

22c NAME OF CEMETERY OR CREMATORY

DEPUTY MEDICAL EXAMINER

Suicide . Homicide . Undetermined monner

22d. LOCATION (City, town, or county)

24e REC'D BY REGISTRAR

ASSISTANT MEDICAL EXAMINER

VS. A15ME

9

forworded ?



within 24 hours

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JAV LASAR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Year

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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VS A15 (4) 15M 10/57

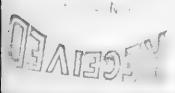
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00150

169 CERTIFICATE OF DEATH

Reg. Dist. No.

	1. 3	PLACE OF DEATH			2	USUAL RESIDENCE (Wh	ere deceose		on. Residenc	e before	admissi	on)	
		Anı	MARVIAND II								ndel	_	
	-	b. CITY OR TOWN (If outs) RURAL and give nearest	de carporate limits, write	c. LENGTH OF STAY IN 16		c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
		Crownsville		44ys, 8mo, 9da	. 1	Annapolis	9						
		d NAME OF HOSPITAL (IF OR INSTITUTION	nat in hospital, give stree	et address) ,		d STREET ADDRESS				e,	IS REST	DENCE FARM?	
			e State Hosp	oital, Md.		Unl	known					NO TK	
	3.	NAME OF DECEASED	First	Middle		Lost	4. DATE	Mon	th	Day	γ	eor	
		(Type or print)	Mary	- A 15-		Hawes	OF DEATH	1		22	1	9 58	
	5. :	SEX 6. C	OLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. C	ATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER				
		Female 1	Negro WIDO	WED DIVORCED		Unknown		100+ yrs	Months	Days I	Hours	Min	
	10a	USUAL OCCUPATION (G during most of working fil	ive kind of work done 10	b. KIND OF BUSINESS OR INC	USTR	11 BIRTHPLACE (Slote	ar foreign e	country)	12 CITE	TIZEN OF WHAT COUNTRY			
		None	ie, even il relifed)			Unknown	n		U.	S. I	A.		
	13.	FATHER'S NAME			1	4. MOTHER'S MAIDEN N	IAME			-			
		1	Unknown			Unknown			è				
	15.	WAS DECEASED EVER IN L	J. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	INFO	RMANT		Add	ress				
	1.4		But and or ones as Nursel		H	ospital Reco	ords				4		
		18 CAUSE OF DEATH	Enter only one cause per	line for (o), (b), and (c)] \$						INTERVAL BETWEEN			
		PART I. DEATH WAS CAUSED BY. Hypostatic Pneumonia									ONSET AND DEATH		
			DUE TO										
Л		Conditions, if any, w	hich) (b)	Senility									
		gave rise to immed	liole Due 70										
		lying couse last.	(c)	Decubitus Ulc	ers								
	NO.	PART II. OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NO	T RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	'EN IN PART	1(o) 19.	WAS A	UTOPSY	
	CATI		Imbeci	[mbecility YES □ N									
	CERTIFICATION	200 ACCIDENT WAS UNI OR CONTRIBUTING E CA (IF EITHER, NOTIFY MEDIC	DERLYING [] 20b. DI	ESCRIBE HOW INJURY OCCUR	RED (I	inter nature of injury in P	ort For Pa	rt II of siem EB)					
		(IF EITHER, NOTIFY MEDIC	CAL EXAMINER)						-				
	MEDICAL	20c TIME OF INJURY Mo			PLACE	OF INJURY (Home, farm, street, office bldg., etc.	20f (Cit	y or tawn)	(C	ounly)		(State)	
	MED	p. m.	19 While	te A Not while ork at work			'i				-		
		21. I certify that A	attended the deced	selfrom May 13		19 13 to Ja	anuar	y 22 _{, 19} 5	Shot Lie	ast saw	the	decensed	
		glive on Januar	y 22/1 19		th or	curred at 11:45	DM. froi	m the causes o	ind on th	a date	state	d abave	
		The date stored of										TE SIGNED	
		SIGNATURE ALL										/58	
1		PHYSICIAN'S		V									
		NAME (Type)	nel McHenry	Mapp, M. D.	_	Crownsvi	lle S	tate Hosp	ital,	Md.			
	22a	BURIAL CREMATION, 22	b. DATE THEREOF	22- NAME OF CEMETERY	OR C	REMATERY A	72d LOCA	TION (City, town,	or county)		(Stole)	
	1	Will year	/28/58	Mr. of Wed.	14	ed. school	Bak	temport	My				
	23,7	FUNERAL DIRECTOR'S SIGN	NATURE !!	ADDRESS		101 C 240. REC'E	BY REGIS	TRAR 246 REGIS	STRAR'S SIG	NATURE			
	1	Mr. Russett	=108 Was	4. St. Chure	WI	MICA DATE J	AN 2 9	'58 0	21 00.	1			
	-					+			- A-2				



2 N UASSUR

00151

DATE SIGNED

(State)

CERTIFICATE OF DEATH Rea, Dist. Na 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY b. COUNTY MARYLAND Anne Arundel Baltimore City Marvland b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) Baltimore 7ys, 2mo, 6da. Crownsville. Md. d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE Crownsville State Hospital. Md. 1728 Ashburton Street YES NO TO NAME OF 4. DATE DECEASED OF DEATH (Type or print) Willie Juani ta 19 58 Hearns 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months DIVORCED [Female Negro WIDOWED | yrs 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland None U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Hearns Ida Smith IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Hospital Records 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Pulmonary Tuberculosis IMMEDIATE CAUSE (o) **DUE TO** Canditians, if ony, which] gave rise to immediate DUE TO couse (a), stating the underlying couse lost. Mongoloid Idiot PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOFSY PERFORMED? YES DE NO T 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 280 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) While Not while of work 21. I certify that I alterded the deceased from November 8 19 50, to January 14, 19 58, that I last sow the deceased

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

And that death accurred at 5:15P M, from the causes and on the date stated above.

Crownsville. Md

24g REC'D BY REGISTRAR

DATE

ADDRESS (Street, city or town, state)

Crownsville State Hospital, Md.

22d. LOGATION (City town, or county)

24b REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57 SIGNATURE

PHYSICIAN'S

NAME (Type)

Lionel`

220. BURIAL, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

McHenry Mapp,



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

J. V unan E.

			MAIN	414 1 87-1				OF HEALTI	1		KC, IC	•		
			•	12	21	CERTIF	ICATE C	F DEATI	Н			Reg. Dist.	001	.53
		LACE OF DEATH An	ne Arund	del		MARYLI	II a ST.	RESIDENCE (WI	_		institution OUNTY	: Residence I	before adm	ssion)
(1)			napolis			NGTH OF STAY IN	(1b c. Ci	Y OR TOWN (IF	Ť	prote limits,	, wrile RUI	RAL and give	e nearest to	~n}
7 14		d. NAME OF HOSP OR INSTITUTION	Minapoli Annapoli	ispital give Le Gen	street oddress eral H	ospital	d. \$1	REET ADDRESS						SIDENC A FARM
1		NAME OF DECEASED (Type or print)		First	tie	Middle E.		Lost Howell	4. DATE OF DEATH	ŧ	Monih Janua:		Doy 17	Year 19 5
	5. \$	Female	white	e w	DOWED 🔼	NEVER MARRIED DIVORCED	🗖 Janua	ery 17,1		9. AGE (I dou bir	n years 11 thday) yrs.	FUNDER 1 Y Months Do	EAR IF UN	-
death.	10a	during most of wo	ON (Give kind o rking life, even if	of work done f retired)	e 10b. KIND (OF BUSINESS OR	INDUSTRY 11.	Baltimor	or foreign o	ountry)			S.A.	T COUN
a office	13.	FATHER'S NAME	un	ıknown	1		14. MO	THER'S MAIDEN I	unkn	own		·		
200	15	WAS DECEASED EV	ER IN U. S. ARM If yes, give war ar	ED FORCES	? 16. SOCIAI		17. INFORMAN	-	iee k	`	Addres		Doo	·
rvent within 72 t	(Yes	18. CAUSE OF DE PART I. DE	ATH WAS CAUSE IMMEDIATE CA	ED BY.		o), (b), and (c)-]	tre (Emdio	Vasc	ulan	dlia	lan	INTERVAL ONSET AN	BETWEEN
ond in any event within 72 t	[Yes	18. CAUSE OF DE PART I. DE 42. Conditions, if gave rise to cause (a), staling lying cause last.	ATH WAS CAUSE IMMEDIATE CA any, which immediate I the under-	ED BY: AUSE (a) DUE TO	per line for the	o), (b), and (c).]	tre (indio	Vasc	way	dha	lan	INTERVAL ONSET AN	D DEAT
, or remayol, and in any event within 72 t	FICATION	18. CAUSE OF DE PART I. DE 42. Conditions, if gave rise to cause (a), staling lying cause last.	any, which immediate in the under-	DUE TO (c) NT CONDITI	per line for ()	BUTING TOPS AT LOW INJURY OCC	tre (mple H SUT NOT RELA Ulfns.	Emdio Soft TEODO THE TESM	Valor	WAS	die	lan	INTERVAL I	AUTOP
remation, or remayal, and in any event within 72 t	L CERTIFICATION	18. CAUSE OF DE PART I. DE 422. Conditions, if gove rise to couse (a), staling lying couse lost. PART II. OT 200. ACCIDENT W.	ATH WAS CAUSE IMMEDIATE CO	DUE TO CC NT CONDITI	ONS CONTRI	BUTING TOPSAT	H BUT NOT RELA LUMAN - CURRED. (Enter for	Emdio Soft TEODO THE TESM	Vacant Value	E CONDITI	die	lan	(o) 19. WAN PERF	AUTOPS ORMEDS
orior to burial, cremation, or remaval, and in any event within 72 to	CAL CERTIFICATION	18. CAUSE OF DE PART I. DE 4.2.2. Conditions, if gove rise to couse (a), staling lying couse last. PART II. OT 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour a. p.	ATH WAS CAUSE IMMEDIATE CO	DUE TO (c) NT CONDITI DEATH AINER] TO Yeor 19	ONS CONTRIBUTED NO. 10 CONTRIBUT	BUTING TO DE AT DIE WHILE TO DE COURRED DE WEST DE COURRED DE WHILE TO DE COURRED DE C	H BUT NOT RELA LUMAN - CURRED. (Enter for	TED TO THE TERM TED TO THE TERM TED TO THE TERM TURY (Home, farm, office bldg., etc.)	Vacant Value	E CONDITION I I I I I I I I I I I I I I I I I I	ION CIVEN THE TENT OF THE TENT	VIN PART 1((a) 19. WA. PER YES	AUTOPOORMED? (Sie deced
grandr prior to buriol, cremotian, or remaval, and in any event within 72 to	MEDICAL CERTIFICATION	18. CAUSE OF DE PART I. DE PART I. DE Conditions, if gove rise to couse (a), staling lying couse last. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour a. p. p. m. 21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ATH WAS CAUSE IMMEDIATE COMPY, which immediate the under	DUE TO (c) NT CONDITI DEATH AINER 19 CE CE CE CE CE CE CE CE CE C	ONS CONTRIBED NOT WORK OF THE PROPERTY OF THE	BUTING TO POEAT COCCURRED ON MAIN A WAN A WAN BUTING TO POEAT BUTING	H BUT NOT RELA LUMAN - CURRED. (Enter in factory, stree	Emolio Soft TED TO THE TERM (Apull ature of injury in JURY (Home, form, office bldg., etc.)	Part I or Part I	E CONDITION If II of ilem or town) The contract, city of	ION GIVE	(Cou	(o) 19. WAN PERF YES	AUTOPOORMED? (Sie deceeded aboate sign
the regrands prior to buriol, cremotion, or removal, and in any event within 72 to	MEDICAL CERTIFICATION	18. CAUSE OF DE PART I. DE PART I. DE Canditions, if gave rise to cause (a), staling lying cause last. PART II. OT PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour a. p. p. m. 21. I certifo alive on ACTUAL SIGNATURE	TH WAS CAUSE IMMEDIATE CO	DUE TO (c) NT CONDITI DEATH AINER] OY, Yeor 19 THEREOF	ONS CONTRI DESCRIBE H 20d. INJURY of work of	BUTING TO DE AT PORTO DE LA CONTRED DO LA CO	H BUT NOT RELA LIGHTS CURRED. (Enterfa De. PLACE OF IN factory, stree A.D., 1: eath occurre M.D. ERY OR CREMAT	TED THE TERM TED THE TERM TED THE TERM TED THE TERM TO THE	Part 1 or Part 1	E CONDITION (City, Cesvil	ION CIVEN 118.) 19.58. 19.58. 19.58. 19.58. 19.58. 19.58.	(Cou	(Steel	SAUTOPSORMED? (Slo

FUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 00155 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. FALTH DEPT. L PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) . COUNTY tar, Page our files, of Health, O. STATE b. COUNTY Anne Arundel MARYLAND Marvland Anne Arundel b. C TY OR TOWN (If outs de corporale limits, write RUFAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If a Jiside corporate l'mits, write RURAL and give nearest town) your b Placent, Glen Turnie Point Pleasant Plea ant d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e, la RESIDEN E ŏ Б ON A FARM? d F 00 WT Street YES NO NO Enroute to Doctor's Office 0 .c 3. NAME OF Lost 4 DATE Month Day Year DECEASED OF Hyson (Type or print) DEATH 1958 Michael Paul 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED [8 DATE OF BIRTH 9 AGE in years IF UNDER TYEAR IF LINDER 24 HAS last birthday) Months Hours M'n Dovs Thi ta lyr. 716 WIDOWED [DIVORCED [10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUN RY? during most of working life, even if retired) "nitimone l'd. II S A Mone 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Blancha Wroten Ernest Hyson 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT Address **Farents** Point Pleasant Mone อก เส้นหนใง 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute pulmonary infection. l'ageleg Few. hours IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gave rise to immediate couse (**DUE TO** (a), sloting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 19 WAS AUTOPSY PERFORMED? No T 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Hom 18) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form. 120f. (City or fown) (County) (Stole) factory, street, office bldg., etc.) Hour o.m. White Not while of work of work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry 7, and in my opinion death resulted from Natural causes of Accident ... Suicide . Hamicide . Undetermined manner CTO DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO NAME (Type) 220 BURIAL CREMATION | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Sho FU (Stote) REMOVAL (Specify) HAVEN MEMORIA 0 JURIAL ADDRESS 240 REC'O BY REGISTRAR 246 REGISTRAN S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE. VS. A15ME

BUIEVO K &

9.31 NA

BECEINED

15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00156 Rea. Dist. No. e. 15 RESIDENCE ON A FARM? YES NO Day Year 195 IF UNDER I YEAR IF UNDER 24 HRS Doys Months Hours Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH HULRS PERFORMED? YES NO T (County) (Stole) 1955 that I last saw the deceased DATE SIGNED

(State)

BULLEAU V. S.

C 1 NA

MARI AM

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BUBOLIVE TO SE

EUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

COSEL 18 NAI

within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



o. COUNTY

NAME OF

5 SEX

DECEASED

(Type or print)

13 FATHER'S NAME

n O

ACTUAL SIGNATURE PHYSICIAN'S

Buria

NAME (Type)

ELLEVI K. Z.

ALT NOT

MAN TO

Reg. Dist. No.

TO FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page build be detached for use as the buriat-transit permit. Then please remove carbon papers. Page and 2 should be filled with the registral prior to buriat, crematian, at removal, and in any event within 72 haurs after death.
may be required by the naspinal of altending physician. TO HONE ALL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fune page. Public be detached for use as the businal-transit permit. Then please remove carbon papers. Page and 2 should the registral prior to burial, crematian, ar removal, and in any event within 72 haurs after death.
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TO FUNEAL DIRECTOR: After this certifical page build be detached for use as the the registral prior to burial, crematian, at
TO FUNE AL DIRECTOR: All page Director page Director page Director page Director prior to burid
TO FU Page the r

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours ofter death. Page 4

	o COUNTY Hid County MARYLAND	2. USUAL RESIDENCE (Who		f institution: Residence	before admission	on)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	ACITY OF TOWN IN OR	tside corporate limits	write RURAL and giv	re nearest town)	~
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS			e. IS RESII ON A YES	FARM?
	3. NAME OF DECEASED (Type or print) RECC First First AMED	Lost	4. DATE OF DEATH	Month	15 1	958
	s. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	10 -25-190	35 52	Months D	YEAR IF UNDER	Min.
-	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	a.a.Co	unty)	yd V:	S.A.	EOUNTRY
	13. FATHER'S NAME. William Carter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. [17.]	14. MOTHER'S MAIDEN N.	LIK.	Len.		
	(Yes, no or unknown) If yes, give war or dates of service)	Della XI	dilson .	Gamti	ills,	Ma
	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:	. Itemy	- c Fau	lure	INTERVAL BET	
١	Conditions, if ony, which (b)					
	couse (a), stating the under- lying couse lost. Column Condition Condition	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDI	TION GIVEN IN PART	1(0) 19 WAS A	UTOPSY
	PANT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20d. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH URF EITHER, NOTIFY MEDICAL EXAMINER]				PERFOR YES [RMED?
		LACE OF INJURY (Hame, farm,			luniy)	(Stote)
	Hour o. m. p. m. 19 While Not wh.le of work of work	actory, street, office bldg , etc				
	21. I certify that I attended the deceased fram I alive an II alive and I attended the deceased fram I alive an II alive an II alive and II alive an I		M, from the co	19that I lo auses and an the or lown, stotel	date state	
	PHYSICIAN'S A T A LLEIV	low	noper	le re	1	
	220 BURIAL CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY C BREMOVAL (Specify) 1-19-1958 Wilson 11)	OR CREMATORY .	Samp	1. town for county)	Mastote)
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS N.C. C. C. C. W. Worsking	nton St DATE	D BY REGISTRAR 2	AL REGISTRAR'S SIGN	IATÚRE	
		3/4/6	2100	And the second	1	

BUREAU K. 2. 1959

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		177	CERTIF	ICA	IE OF DEAT	Н		Reg	. Dist. No) ,	
1, PLACE OF	DEATH			- 11	. USUAL RESIDENCE (V	Vhere decease		on Re	sidence befo	ore admiss	lion)
Q. COOTA	Anne Arundel MARYLAN				Maryl	b. COUNTY	Baltimore City				
b CITY OF	TOWN (If outside c	arporate limits, write	c. LENGTH OF STAY IN	115	c. CITY OR TOWN (III	outside corpo	rate limits, write R	URAL	and give ne	arest town	1}
	nd give nearest town Crownsvil	le, Md.	2ys,5mo,4d	a	Baltimo	re					
T2146-Q C)	ITHTION	in haspital, give street	· ·		d STREET ADDRESS					e. IS RES	FARM?
Cro	wnsville S	State Hospi	tal, Md.		710 E.	Chase	St.				NO 🛣
3. NAME OF DECEASED		First	Middle		Last	4. DATE	Mon	th	D	оу	Year
(Type or pr		chard			Kelly	OF DEATH	1		8		19 58
5 SEX	& COLO	RORRACE 7 MAR	RIED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UN	HDER 3 YEAR	Hours	ER 24 HRS
	Male Neg				1.883		74 yrs.		Ddy's	110013	Pyttin,
100. USUAL C	CCUPATION (Give k ast of working life, e	ind of work done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Stol	le or foreign c	ountry)	12	Z. CITIZEN	TAHW 9C	COUNTRY
	cnown	-			Maryla				U.S.	Α.	
13. FATHER'S					14 MOTHER'S MAIDEN	INAME					
	John F.					et Jone					
15. WAS DECI	EASED EVER IN U S	ARMED FORCES? 16.	SOCIAL SECURITY NO	17 INS	DRMANT		Add	ress			
No_				Но	spitel R.cc	rds					
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]										TWEEN
P/	PART I. DEATH WAS CAUSED BY: Arteriosclerotic Hypertensive Cardiovascular										
	DUE TO						Disease				
	ans, if any, which		ortic Aneury	SM							
cause (a), slating the <u>under-</u>	> DUE TO	ر بالليم الراجي والراجي والراجي	1. 3 4 .	3 113						
lying co		/-/-	ultiple Decu								-
NO LE 200. ACC OR CONT	OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN	PART 1(o)	PERFO	AUTOPSY DRMED?
	IDENT WAS UNDERLIFIED CAUSE RIBUTING CAUSE R. NOTIFY MEDICAL	OF DEATH	CRIBE HOW INJURY OCC	URRED	(Enter nature of injury (n Port 1 or Por	t It of item 18)				
	OF INJURY Month,			De PLACI	E OF INJURY (Home, for	rm, 20f (Cily	or lown)		(County))	(Stote)
WED	Hour a. m P. m. White of work of wor										
21. I ce	21. I certify that I attended the deceased from August 4 , 1955, to January 8 , 1958, that I lost saw the decease										
	a January		and that d								
	1 Dollar	10 P.H	7/10:5			ADDRESS (S	treet, city or town,				ATE SIGNE
ACTUAL	RE THURLE	ere Heare	Num-	M.I	Crow	msvill	e, Md.			1/8/5	8
	1		D-4	21	7		7 - 64 - 4 -	110		7 76	2
PHYSICIA NAME (T		· · · · · · · · · · · · · · · · · · ·	l Reissmann,				le State			L, MC	l
	CREMATION, 22b. D L (Specify)	ATE THEREOF	22c. NAME OF CEMET	ERY OR C	REMATORY /	22d. LOCAT	TION (City Jown,	or cou	nty)	(\$10)	e)
		13/5/	1 10 1 1		4 - 4 - 111	1///	CICC	£		116),
23 FUNERAL I	DIRECTOR'S SIGNATI	DRE J	ADDRESS	_	" m?	C'D BY REGIST	IRAR 24b REGIS	STRAR'	'S SIGNATU	RE	
Mana	Wantoot	wan- 14	12 FINES	1/01	/ S/ DATEAT	11 7 '58	110000	n 11:	well.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 yeld be detached for use as the burial-transit permit. Then please remove carban papers. Page 1 d 2 should be filled with the refer prior to burial, cremation, at removal, and in any event within 72 hours offer death.

VS A15 (4) 15M 10/57

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BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

T'A MILING

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BECEINTI

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. motion PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution plesidence before admission) a. COUNTY O. STATE 6. COUNTY MARYLAND b. CFT OR TOWN (If outside Europrotes mils, write RURAL E. LENGTH OF STAY IN 16 c. CIDPAR TOYIN (If offlide corporate limits, write RURAL and give nearest town) INSTITUTION (If notific hospital, give street address) a. IS RESIDENCE d/RAME OF HOSPITAL d. STREET ADDRESS ON A FARM? YES NO Z NAME OF **Eirst** Middle DATE Menth Dev Yeer DECEASED OF (Type or print) DEATH 19.5 20LOR OF RACE 7. MARRIED THEVER MARRIED TO STATE OF BIRTH 9. AGE (In years IF UNDER TYFAR IF UNDER 24 HRS. Months Doys Hours Min. WIDOWED 173-DIVORCED | 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, every if retired) Louseur 13 FATHER'S NAME 14. MOTHERS MAIDEN NAME 15. WAS DECEASED EYER IN U. S. ARMED FORCES? OCIAL SECURITY NO. 12 INFORMANT Ill yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate cause DUE TO (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY ö PERFORMED? NO R 200 EXTERNAL CAUSE WAS PRIMARY DOOR CONTRIBUTING TO CAUSE OF BEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) Not while factory, street, off ce bldg., etc.) While at work / p. m. 21. I certify that Lian charge of the remains described above, held an Autapsy Inspection De Inquiry and find that the Chief death resulted from: Natural causes Accident ... Suicide Hamicide Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 00 ASSISTANT MEDICAL EXAMINER [O DEPUTY **EXAMINER'S** DEPUTY MEDICAL EXAMINERS NAME (Type) BUR AL, GREMATION, 226. DATE THEREOI 22 NAME OF CEMETERY OR CREMATORY 22d DOCATION (City, town, or coonty) (Stote) For REMOVAL (Specify) 0 EUNERANDIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURI VS. A15ME(5) DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

R. V UASHUR

MARIE

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIM	ORE, 1	8
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178 CERTIFICATE OF DEATH

Reg. Dist. No.

00166

П	1. PLACE OF DEATH b. COUNTY					2	USUAL RESIDI	ENCE [Who	ere deceases	d lived If institut		ce before odm	ission}
L	A	nne Arunde	L		MARYLAN	D	0. SIMIE	Mary	land	b. COUNTY	Anr	ne Arun	del
ſ	b CITY OR TOWN (If RURAL and give no		ls, write	c. LENGT	H OF STAY IN 1	b	c. CITY OR TO	OWN (If ou	tside corpo	rote limits, write l	RURAL and g	live nearest to	wn)
l	Crownsvi			9	days		o Ani	napol	is				
ſ	OR INSTITUTION	AL (II not in hospital, g		- '			d. STREET AD	DRESS					ESIDENCE A FARM?
l	Cro	wnsville S	tate	Hospi	tal, Md		23 衰	Dean	Stre	et			□ NO []
	3. NAME OF DECEASED	Fir	31		Middle		Lost		4. DATE	Mo	oth	Day	Year
J	(Type or print)	Fr	ed				Lewis		OF DEATH	1		23	19 58
Ī	5. SEX	6. COLOR OR RACE	7. MAR	RIED 🔀 NE	VER MARRIED] B.	DATE OF BIRTH			P. AGE (In years last birthday)	7	TYEAR IF UN	
	Male	Negro	WIDOW	ED 🗌	DIVORCED [March	15.	1903	5.4 m	Months	Doys Hour	3 Min.
ſ	10a USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF B	IUSINESS OR IN	DUSTR	Y 11 BIRTHPLA	CE (State o	or foreign o	ountry)	12 CITI	IZEN OF WHA	AT COUNTRY?
1	Auto Repai	r Man	'				S. C	•			Į	J. S. A	
	13. FATHER'S NAME						14. MOTHER'S I	MAIDEN N	AME				
1		Unknown					Kati	e Jac	kson				
Ī	15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SE	CURITY NO. 17	, INF	DRMANT	سد		Add	dress		
l	No					H	ospital	Reco	rds				
][18 CAUSE OF DEA	TH [Enter only one co	use per li	ine for (o), (b) ond (c).]					-		INTERVAL ONSET AN	
4	PART 1. DEAT	TH WAS CAUSED BY:	, Co	ongest	ive Hea	rt	Failure					ONSET AN	DEKIN
1		DUE TO											
1	Conditions, if or			Aortic	Insuff	ici	ency						
1	gave rise to in	nmediote (DUE TO											
1	lying cause lost.) (0) S	yphili	tic Aor	tit	is with	Aneu	rysm				
1	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUT	ING TO DEATH	BUT NO	OT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PART	[1(o) 19 WA	S AUTOPSY FORMED?
-	3												00 P
1		CAUSE OF DEATH	20b. DES	CRIBE HOW	INJURY OCCU	RRED (Enter noture of	injury in P	ort I or Par	t II of item 18.)			
		MEDICAL EXAMINER											
	ZOC. TIME OF INJURY	f Month, Doy, Ye	ar 20d. I While	NJURY OCC		PLACI	OF INJURY (H y, street, office	ome, form, bldg., etc.)	20f. (⊂ity	or town)	(C	County)	(Stote)
	ž p. m.	19	of wo										
1	21. I certify the	at I attended the	deceas	sed from.	January	14	19 58	to Ja	nuary	23 19 5	8, that I I	last saw th	e deceased
1	alive an Jan	uary 23	190	187	and that dec	ath a	ccurred al4	:25p.	_M, fran	n the causes	and an th	ne date sta	ted abave
ı	Ch Date	1220 Alble 2	. 11/	Vola	,				,	treet, city or town	, stotej	2/0	DATE SIGNED
ł	SIGNATURE	will ben	hU	V4/0)		M.C). Urow	usvll	le, M	a.		1/2	24/58
ı	PHYSICIAN'S	167 damand		n-d-	_		D.	a		es			
ļ				neis	smann,	<u>M.</u>	υ	crown	SVILL	e State	Hospit	tal, Mo	
	220. BURNAT, CREMANDI REMOVAL (Specify)	Jun 27	1958	$1 \mathcal{V}_{\mathcal{V}_{\mathcal{V}_{\mathcal{V}_{\mathcal{V}}}}}$	NE OF CEMETER.	DRE	REMAJORY _	-	The LOCA	irabe	or county)	5737	ates v
1	23. FUNERAL DIRECTOR'S	SIGNATURE		ADDE	1	4	11	24a. REC'D	BY REGIST	TRAR 246 REG	ISTRAR'S SIG	SNATURE!	
	J. 13. J	PHOSON		ANNI	apolis	, /	1d.	DATE	JAN 2	128 1	ilfred	such	
C													

TA AMERICAN

) CERTIFICA	ATE OF DEATH		Reg. Dist. No.	00167
NO P MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If in b. COL		re admission)
c. LENGTH OF STAY IN 16	E. CITY OR TOWN (IF OR	stade corporate limits, w	rile RURAL and give rec	arest town)
ain HIWAY.	Ben Field	dd Crain	Hiwau	ON A FARM? YES -NO
12 ade Line	Liverma	4. DATE OF DEATH	Month 29-58	Year 19
RRIED ATEVER MARRIED	B. DATE OF BIRTH	76 PAGE (In) lost birthe	rears IF UNDER 1 YEAR (ay) Months Days	IF UNDER 24 HRS. Hours Min
6. KIND OF BUSINESS OR INDUS	North C	arolin.		F WHAT COUNTRY?
J .	Mary M	AME 12 gde Lin	6.霉	Futvel
SOCIAL SECURITY NO. 17. II	volored. M.	atthew Li	Address Verma	и
line for (o), (b), and (c).]	Hemory	1200.		ERVAL BETWEEN SET AND DEATH
Senevali	zed Av	terios	CLOWSC	(.
S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	GIVEN IN PART 1(0) 1	9. WAS AUTOPSY PERFORMED? YES NO
ESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Po	ort I or Part II of item 18	.)	
. INJURY OCCURRED 20e. PL/ le Not while fac ork of work	ACE OF INJURY (Home, farm, clory, street, affice bldg., etc.)	20f. (City or town)	(County)	(Stole)
ased from Nov:		M, from the caus	that I last so es and on the da	
R. HAH	W.o	verna	Jarie 1.	-29-58.
22c. NAME OF CEMETERY OF	t - 10 to 1	22d. LOCATION (City, to	own, or county)	(Stote)
CHEADORES CON BOLL	240. REC'D	AN 3 0 '58	REGISTRAR'S SIGNATUR	E

VS A15 (4)

R 'N NYBEL

MATTOM

00168

CERTIFICATE OF DEATH

Reg. Dist. No.

_		
1	1. PLACE OF DEATH o. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. o. STATE M.C.D. b.	If institution: Residence before admission]
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). **CITY OR TOWN (Moutside corporate limits, write RURAL and give nearest town). **CITY OR TOWN (Moutside corporate limits, write RURAL and give nearest town). **CITY OR TOWN (Moutside corporate limits, write RURAL and give nearest town). **CITY OR TOWN (Moutside corporate limits, write RURAL and give nearest town). **CITY OR TOWN (Moutside corporate limits, write RURAL and give nearest town). **CITY OR TOWN (Moutside corporate limits, write RURAL and give nearest town). **CITY OR TOWN (Moutside corporate limits, write RURAL and give nearest town). **CITY OR TOWN (Moutside corporate limits, write RURAL and give nearest town). **CITY OR TOWN (Moutside corporate limits). **CITY OR TOWN (Mo	ts write RURAL and give nearest lown]
	d. NAME OF HOSPITAL (If not in haspitol, give street oddress) OR INSTITUTION d STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES \(\text{NO} \(\text{NO} \(\text{NO} \)
þ	Ch. A. Seriences	163 LI NO AL
	3. NAME OF DECRASED (Type or print) Charles B. Lost 4 DATE OF DEATH	Month Day Year 1958
	Male White WIDOWED 1 1-12-1895 6	(In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min
1 / 3	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) Pres. Longitude Study (Reference) Pres. S. R. Co. Mary Land	12 CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. A STATE OF THE STATE	hoit
1	15. WAS DECEASED EVER IN U-S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (19. no. or unknown) (If yes give wor or date of sergice) Villiam M. Line	Address (2)
F	18. CAUSE OF DEATH [Enter only one couse per lime for (o),/(b), and (c).]	
	PART I DEATH WAS CAUSED BY: MEMORING COLORS COLOR	INTERVAL BETWEEN ONSET AND DEATH
1	420,1 DUE TO (1)	
	Conditions, if ony, which) (b) Colored Allers	4 krs 1
	gove rise to immediate code (o), stating the under DUE TO	110%
Ι,	lying couse lost. (c) flifflerings the carrier flowers	entrices 3 My
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND 20a ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	ITION GIVEN IN PART (a) 19. WAS ACTOPSY PERFORMED? YES NO
- 1		m 18.)
4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 of work of wor	(County) (Slote)
П	21. I certify that I attended the deceased from John 4, 1950 to 1-14-	192 What I last saw the deceased
1	- 1 1 1 1 - to 1	causes and on the date stated above.
Н	(ADDRESS (Street, cit)	
	SIGNATURE TO THE MEDICAL MEDIC	1-15-6
	PHYSICIAN'S AMES RIMARTIN 65HAW S	Sporis Ma
2	220 BURIAL TREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. MOCATION (CI	ly, town, or county) (State)
2		RAB REGISTRAR'S SIGNATURE
L	John 17, July in State Cermanage 1/19 DATE LAN 2 0 '58	White du's

TA AVENUE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE Rea. Dist. No. ALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on) o. COUNTY 6. COUNTY O. STATE afwhileoith MARYLAND Same Anne Arundel Same b CITY OR TOWN [If outside corporate him a write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) YOU Earleigh Heights Same months þ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS 900 ON A FARM? Earleigh Heights and Light St. Same YES NOT 3. NAME OF Middle Lost 4 DATE Month Year DECEASED DEATH January (Type or print) Vernon_ T. Mandley 9. AGE Ilin ymors 5. SEX 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED TO 8 DATE OF BIRTH IF UNDER TYEAR! IF UNDER 24 HR lost birthday) Months Days Hours Min WIDOWED [7] DIVORCED [10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stelle or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Bar Tender U.S.A. Baltimore, Md 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME PM3 pages Albert L. .. andley Laura G. Deck E File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address 1 (If yes, give wer or doles of service) With Charles Hamden (Cousin) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Suffocation due to Smoke Sudden DHE TO Office aminer's Officers as a burial-tro Conditions, if ony, which] Third Degree burn over entire body Sudden gave rise to immediate couse (**DUE TO** (o), stoting the underlying cause loss. pending col Exon PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? Medical NO X 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1) of item 18) should Stove in Trailer exploded. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) 20r TIME OF INJURY Month, Day, Year (County) (Stote) While Not while at work of work factory, street, office bldg., etc.) 6.40 A. K. 1 ta the Own Trailer Earleigh Heights.A.A. Md. 21. I certify that I taok charge of the remains described abave, held an Autopsy . Inspection II. Inquiry IV. and in my CTOR: opinion death resulted from: Natural causes . Accident X, Suicide . Hamicide . Undetermined manner RE DATE SIGNED M D CHIEF MEDICAL EXAMINER Per ASSISTANT MEDICAL EXAMINER NAME (Type) Gustave H. Faubert. M.D. DEPUTY MEDICAL EXAMINER She FUN Sti 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (Car town, or county) (Stote) REMOVALISPECIFY 0 23 FUNERAL D RECTOR'S SIGNATURE ADDRESS 24o, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15ME

PECEIVEL S.

within 24 hours after death.

THE PERMIT

BULLEAU V. S.

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

YES NO TA

Last	4. DATE	Mont	h	Day	Year
	OF DEATH	JANUARY			19 58
F BIRTH 18	61	9 AGE (in years			IDER 24 HRS
y 23, 318	62	lost birthday) 96 yrs	Months D	ays Hou	rs Min
BIRTHPLACE (State		ountry)	12 CITIZ	EN OF WH	AT COUNTRY?
Camden,	Ohio		U	SA	
THER'S MAIDEN					
Mary B	rennan				
(T		Addre	253		
al R cor	ds_	same as	# 1		
				INTERVAL ONSET AN	BETWEEN
UMBN	112			3 2	11/5
TED TO THE TERA	AINAL DISEAS	E CONDITION GIVE	N IN PART I	(o) 19. WA	S AUTOPSY
				YES	
ature of injury in	Part I or Par	t 11 of item 18.)			
JURY (Home, for I, affice bldg., el	m. 20f. (Cit	y or town)	(Co	unty)	(State)
er, corrice blog., el	c.)		,		
057 to 7	0 - 70	1858	that I la	et saw H	e deceased
		n the causes a			
		treet, city or lawn, :		dule sit	DATE SIGNED
1.2		4 7.1	e Md		
uthgate	Ave.	Anna poli	, 114		
outhgate		Anna po 11 TION (City, lown, o			lote)
	22d LOCA	TION (City, lawn, a	r county)	(5	ilote)
ORY 240 REG	Camo	TION (City, lown, o	r caunty)	(S	lote)
ORY 240 REG	22d LOCA	TION (City, lown, o	r county)	(S	lolej
ORY 240 REG	Camo	TION (City, lown, o	r caunty)	(S	iote)

BUREAU V. S.

DECENAL.

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BUREAU V. L.

NAL GEITVELL

BUREAU V. S.

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INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00174

	: 185 ER	HIFICATE	OF DEA	Reg. Dist.	No
	1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEASED	
	COUNTY Anne Arundel	MARYLAND	STATE	COUNTY	
	CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corpor	ete limits, write RURAL and give naero	ist fown)
	Town Laurel, Maryland	4 years	TOWN Washing	ton, D.C. Li'	7 ,
	HOSPITAL OR District Training	School	STREET ADDRESS	(if rural give location)	
/	STREET ADDRESS Children's Center.	Laurel, Md.	2228 Fi	rst Street NW #5	
	3. NAME OF (first) DECEASED	Middle}	(Last)	4. DATE (Month)	{Dey} {Year}
	17 1	bel Pe	erson	DEATHJanuary	30, 1958
	S. SEX 6. COLOR OR 7. SINGLE, MARRI RACE WIDOWED, DIV	ED, 8. DATE O	F BIRTH 9	. AGE last birthday IF UNDER	
	female colored (Specify)	Sept.	22, 1946	11 yrs. Months	Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work 10b. KIN	D OF BUSINESS	11. BIRTHPLACE (State or foreig	n country) 12.	CITIZEN OF WHAT
	relized)		Branchville,	Virginia	USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	Joseph Linwood Blunt		Rosa Lee	Person	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	
	(Yes, no, or unk.) (If Yes, give war or detes of sarvice)	TO THE TO A TO A STATE OF THE S	- Children's	Center, Laurel,	Md.
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN
	Sever	e malnutrition	secondary to	feeding problem	ll yrs.
	· IMMEDIATE CAUSE (A)				, , , , , ,
	AINITCEDENI CAOSCOJ	rebral atrophy	y with mental r	etardation	
	DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE				
	DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 198. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
	The Brita of Statement 175. Altroc Privates				YES NO K
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, farm, factory, lífica bldg., atc.)	Te, WHERE DID INJURY OCCUR	? (City or town) {Count	y) (Stele)
	21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. Whil	a Not while	211. HOW DID INJURY OCCUR	7	
	22. I hereby certify that I attended the december	sed from Majust	19.5.6. 10 Var	2 19. 58. that 1	ast saw the deceased
	alive on Jan 30, 1958, and				
×	BIGNATURE			ESS (Street, city, town, state)	DATE SIGNED
A15C 1-55 10M	Willred K, Chromantro	ut M.D.	hildrens (enter Foure	11/30/50
7	23. BURGAL, CREMATION, DATE THEREOF BENOVAL (SPECIFY)	NAME OF CEMETERY OR	-1 -1	LOCATION (City, town, or county)	(S)6ta)
A15	Furial 2-3-58	WoodlizWA	(EME/Ery	Washing low D.	C.
ζ.	24. REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	IGNATURE A	DDRESS
	DATE		Trallania 4	School Inc 4/24	1.RSFTW.

FEB 6 .:

Item 9, Film G227, 4/7/52 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest-town should SAMENA d NAME OF HOSPITAL (If not in hospital, give street address), d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 71.71 YES NO NAME OF 4. DATE Middle Month Yeor DECEASED OF DEATH (Type or print) 19 9. AGE (In years 5 SEX 6. COLOR, OR RACE 8 DATE OF SIRTH IF UNDER TYEAR IF UNDER 24 HRS NEVER MARRIED lost birthday) Months Days DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stole or foreign country) 12. CHIZEN OF WHAT COUNTRY? during most of working life, even, if getired) 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 17. INFORMANT 15 WAS DECEASEDEVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH POPLE XIA PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO GENERHLIZED & CEREBRAL Conditions, if ony, which gave rise to immediate **DUE TO** ARTERIOJCLEROUS couse (o), stating the underlying couse lost PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMEDE YES T NO D 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20f (City or lown) 20c TIME OF INJURY 20d, INJURY OCCURRED Doy, Year (County) (Stole) foctory, street, office bldg , etc.) Hour o. m Nat while of work at wark 1957 that I last saw the deceased 21. I certify that I attended the deceased fram. , and that death accurred at 124 alive an A. M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S VOGEL NAME (Type) 22b. DATE THEREOF 22d LOCATION (City, town or county) 220. SURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ELINERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b_REGISTRAR'S SIGNATUR

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

USIVE SE TES NAL SE NATIONAL V. S.

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1) 176
COD CTATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
FOR STATE HEALTH DEPT.	Reg. Dist. No
00 -	2. USUAL RESIDENCE (Wilere deceased lived if institution: Residence before admission) o COUNTY o COUNTY o COUNTY o COUNTY
Pog	MARYLAND 110 17 7 CO
2 E 1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
d of d	GALESUITE LIFE X GALESUITE
dig for	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. S. R. JIDENCE ON A FARM?
o ded	YES NO Z
The Formal	3. NAME OF DECEASED (Type or print) SANDERA POWELL DATE Month Doy Year DEATH / 26 1958
If ar may b with b	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 2 B. DATE OF BIRTH FEMALE DIVORCED DIVORCED NO 8, 1951 DOYS MONTHS DOYS MIDDER 1YEAR IF UNDER 24 HPS WIDOWED DIVORCED NO 8, 1951 DOYS MONTHS DOYS MIDDER 1YEAR IF UNDER 24 HPS
and 2 hd 2 hd 2	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY during mout of yorking life even if retired)
Page	Student Sudley US.A.
Mile after	13. FATHER'S NAME
Pag Pag Pag	Charles H. Powell Marion Louise Gantt
File Fare File	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT [Yes, no, or unknown] (If yes, give wor or dotes of service)
A THE STATE OF THE	MARION GANTHY Charles Powell GALESVIlle, M
wild ng v nerm nd ir	IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]
Sit p	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Cpd. FRACTURE SKULL
office of trans	Conditions, if any, which) (b) Cpd. FRMC ture - L. UppER Extrem. y Sudden
P E E E	gove rise to immediate couse (a), stating the underlying DUE TO
in i	couse lost. (c)
onding ending emorit	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
dica be a	200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of Item 18.)
M M M	
Chie Ta	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or Town) (County) (Stole) Hour e.m., While Not white factory, street, office bldg., etc.)
the the trior	1 26 18 of work of work Aighway
KAA wrii to I to ti, p	21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and in my
Toke Toke	opinion death resulted from: Notural causes]. Accident X, Suicide], Hamicide], Undetermined monner
PER CERCO	ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED
MED Second	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
5	EXAMINER'S ELIN HEROT DEPUTY MEDICAL EXAMINER 1/26/18
Share street	220 BUR AL CREMATION (City, Jown, or county) (Store)
0 5 4 0 p	DURIA A Jan 26 1958 Chews Chaper Ceneral (Wensuite Md.
VS. A15ME	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR'S SIGNATURE
5M 2/57	Thomas Alvin Hardesty, Galesville, Garyland DATE
	the state is



ENTEVN A. E.

INSTRUCTIONS

certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

h copy may be retained by the hospital or attending physician.

TO ATT

VS A15C 1-55 10M-

00177

	ERTIFICA	TE OF DE		
186				. No
1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF DECEASE	•
COUNTY Anne Arundel	MARYLAND	STATE	COUNTY	
OR end give neerest lown)	LENGTH OF STAY (in this place)	OR	proporete fimits, write RURAL end give near	rest fown)
Town Laurel, Md.	6 yr.9 mo		ington, D.C. 4	(X .
HOSPITAL OR District Trainstitution or	ining School	STREET ADDRESS	(II rurel give location)	.47
STREET ADDRESS Laurel, Md.			Webster Street N.	
3. NAME OF (First) DECEASED (Type or Print) Antoinette		(Lest) Prophet	of DEATH January	29, 19 58
S. SEX 6. COLOR OR 7. SINC	OWED, DIVORCED.	ATE OF BIRTH	9. AGE lest birthdey IF UNDER Months	1 YEAR IF UNDER 24 HRS
) female Negro (Spe	cf(y) A	ugust 21, 1944	13 ув.	
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	1). BIRTHPLACE (State or f		COUNTRY?
retired)		Washingto		USA
13. FATHER'S NAME		14. MOTHER'S MAID		
Eugene Edward			ise Howze	tuing Sahaal
15. WAS DECEASED EVER IN U. S. ARMED FORCE: [Yes, no, or unk.] (If Yes, give wer or dates of serv			& ADDRESS District Tra	
no		CERTIFICATION	en's Center, Laure	I NIERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING T	O DEATH			onset and death
O 3 J. O IMMEDIATE CAUSE (A)	Ence	phalitis £00		24 nours
ANTECEDENT CAUSE(S) DUE TO	Due to me			7 days
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE TATION LIMITED VINE CAUSE LAST DUE TO	Due to me	92162		days
STATING UNDERLYING CAUSE LAST. DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	•			
DISEASE OR CONDITION CAUSING DEATH.		agenesis - menta	l retardation	
196, DATE OF OPERATION 196, MAJOR	FINDINGS OF OPERATION			20. AUTOPSY? YES NO
216. ACCIDENT WAS UNDERLYING 216. PL OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE (Home, ferm, lectory, IRY street, office bldg., etc.)	21c. WHERE DID INJURY OC	CCUR? (City or town) (Coun	ity) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (H	our] 21e. INJURY OCCURRED While Not while M, et work et work	211. HOW DID INJURY OC	CCUR?	
22. I hereby certify that I attended	the deceased from a SAL	19. 3 le 10	111 29 , 19 58 , that I	last saw the deceased
alive on Jan 29 19 58	and that death occurre	ed at 3.24.M, from th	e causes and on the date state	d above.
SIGNATURE OF	, ,	onne Al	DDRESS (Street, city, lown, stele)	DATE BIGNED
Willred D. Chronal	cant M.D.	Aulitrens	Cluter Tours	1/28
25. PORIAL, CREMATION, DATE THEREON	~/		LOCATION (City, town, or sounty	
Beauval 1,-30.		Cemetery	Suitland, Taryl	
24J REC'D BY REGISTRAR REGISTRAR'S S	SISNATURE A	25. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS.
		11 - 11 4 7 3 7 7		

CELVEIN V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SEL SE NAL

EULLAU V. S.

FOR STATE

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HEALTH DEPT

Certificate, writing the ward "pending" in pencil is them 18. Give Pages 1, 2, and 3 to the funeral director. Page s farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refaired for your files. Blarwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refaired for your files. DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the sand of Health, nated agent, priar to burial, cremation, ar removal, and in any event within 72 hours after Lot. 1.

TO DIPUTY MIDICAL EXEMBIER: This

4 shau TO FU

VS A15ME SM 2 57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00180

	131	Reg, Dist. No.
	1. PLACE OF DEATH CL: PAUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o STATE TO BALLAGE A COUNTY (L. C.
	b. CITY OR TOWN III aviside corporate highly, write RURAL C. LENGTH OF STAY IN 16	c COXOR TOWN (If outside corporate limits, write RURAL and give nearest town)
	annipolis	unapolis
	d NAME OF HOSPITAI OR INSTITUTION (If not in hospital, give street address)	22 College Ck, Ilvare VES 10 NO D
	3. NAME OF DECEASED (Type or print) S. NOWOOD G. (1)	Lost DATE Month Doy Year OF DEATH 19-5%
	5. SEX 6 COLOR OF RACE 7 MARRIED NEVER MARRIED 1/8 WIDOWED DIVORCED 1	DATE OF BIRTH P AGE III yours IF UNDER 14 FAR IF UNDER 24 HPC INTO A Month's Doys Hours M. n.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if rehred)	
ch.	13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? TIG SOCIAL SECURITY NO. 17. IN	Bessel Billion - Addiens
	[Ver frame yet norm] 14 yet give -a: a dolet al services 214-05-2028	markeren-Unna. md.
	18 CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c)]	INTERVAL BETWEEN ONS, I AND DEATH
	PART I DEATH WAS CAUSED BY:	Oldens Justin
i	DUETO	
	Conditions, if any, which (b)	
	(c) stoting the underlying DUE TO	
		OT RELATED TO THE TERM NALD SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20c. EXTERNAL CAUSE WAS 20ch DESCRIBE HOW INJURY OCCURRED IF.	PERFORMED? YES NO NO
	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Part I or Part II of item 18)
	3 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form, 20f. (City or town) (County) (State)
	Hour o. m. 19 White Not while of work of work	iry, street, office bldg, etc.) Lumpal HHCU MO
	21. I certify that I took charge of the remains described about	ve, held an Autopsy [], Inspection [], Inquiry [], and in my
	opinion death resulted fram Natural causes . Accident	, Suicide , Hamicide , Undetermined manner
	ACTUAL SIGNATURE C/hu bucch	M.D. CHIEF MEDICAL EXAMINER [
,	EXAMINER'S ELINHER ST	ASSISTANT MEDICAL EXAMINER
	NAME (Type)	DEPUTY MEDICAL EXAM NER (-Y -)
	270 BURIAL CREMATION 276 DATE HEREOF 8 225 NAME OF CEMETERY OR SWOOTH Special 1-8-58 Brewer	Stell Chryapales, Hell
	23 FUNERAL DIRECTOR S SIGNATURE	240 REC'D BY REGISTRAR AND REGISTRAR'S SIGNATURE
	Victim Wiese, 11- compa, 117	dy JOHAN 7 58 West out

DECENTED

EDEENU V. S.

1	7.	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
28 8	*	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
should	CV.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
Page 4	M.	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ector.	ç	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitat, give street address) d. STREET ADDRESS 1309 E. Belrederaz VES NO.
eral dir	•	3. NAME OF First Middle Lost 4. DATE Month Day Year OF
the fundad for y		5 SEX 6. COLOR OR RACE 7. MARKIED NEVER MARKIED 18. DATE OF BIRTH 9. AGE (In your long briedon) Months Days Hours Min.
nd 3 to retain	/ "	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1, 2, a may be	1	13. FATHER'S NAME
Page 5		Sebastian Thim (atherine Rudell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (You, no, or unknown) (If yes, give wor ar doilys of service) Mr. John S. Thim 4230 (hapei Road.
P.M.3. rmit. F		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
Item 1 th farm ansit pe	V	825 x DUE TO meellefo afrances.
pencil in alang wit burial-tre		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last. (c)
ding" in	0	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO.
d 'pen aminer's		206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18)
the ≅ar dical Ex e 3 shat		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) Hour o. m. 1-12 19-8 While of work
wr.ting lief Mex DR: Pag		21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry ., and find that death resulted from Natural couses. Accident Suicide, Homicide, Undetermined cause
fixate, the Ch		ACTUAL SIGNATURE ALL M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
he cert		EXAMINER'S E. LIN h BR AF. DEPUTY MEDICAL EXAMINER 1 1-12-58
forwo	ŏ	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY. 22d. LOCATION: (City, town, or couply) (Stole) REMOVIAL (Specify): BURIAL, CREMATION, 22b. DATE THEREOF (Stole) REMOVIAL (Specify): BURIAL, CREMATION, 12b. DATE THEREOF (Stole)
S. A15ME(5	9	23. FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck 5305 Harford Road. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 1/1 1 4 . 8

BURENU V, S.

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DECEINATED THE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 132 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00183 Reg. Dist. No.

	PLACE OF DEATH	-	de es		2 USUAL RESIDENCE	Where deceased I ved. If institution	Residence before admission)						
	a. COUNTY A	nne Arunde	1.	MARYLAND	o. STATE Mary	l and b. COUNTY	Anne Amundel						
	b. CITY OR TOWN (III	autside carporate limits, writ	RUPAL	c. LENGTH OF STAY IN 16		If outside corporate limits, write RU	1-X-17-X-XXX XXX XXX XXX						
	Annapol				(St. Margarets) RFD-2, Annapolis, Md.								
	d NAME OF HOSPITA	L OR INSTITUTION (lf nat in hospi	(a), give street address)	d. STREET ADDRESS ets RESID NICE								
	The state of the s	del Genera	1 Hosp	ital	Box-350	, RFD-2	YES NO						
- 1	3. NAME OF DECEASED	Fir	AT .	Middle	Lost 4. DATE Month Day								
	(Type or print)	Geor		R.	RITTER (Sr	DEATH Januar	y 13 1958.						
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH	Fact North Ac 5	UNDER TYEAR IF UNDER 24 HRS						
	Male	White	WIDOWED	DIVORCED	March 13,	1898 59 yrı M	onths Days Hours Min.						
	10a USUAL OCCUPATIO during most of working	N (Give kind of work)	done 10b. KIN	OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?						
	Propri 13. FATHER'S NAME	etor	Bo	oat Yard	Baltimore 14. MOTHER'S MAIDEN	, <u>Maryland</u>	U.S.						
	Geor	ge W. RITT	ER		Gertrud	ie Hughes							
	15. WAS DECEASED EVE			OCIAL SECURITY NO. 17. 14	FORMANT	Address							
	Yes	WW I	216	6-07-4702 (Wi	fe) Mrs. Anı	na M. Ritter (sa	ame as No. 2)						
	18. CAUSE OF DEAT	H [Enter only one cou	se per line fo	r (a), (b), and (c). j			INTERVAL SETWEEN						
		H WAS CAUSED BY: IMMEDIATE CAUSE (o)	Mass	sive pulmonar	v embolism		2 weeks						
	_	DUE TO				· · · · · · · · · · · · · · · · · · ·							
	Conditions, if on		Multi	ple fractures	. contumions	s and laceration	s 2 weeks						
		gove rise to immediate course (o), stating the underlying DUE TO											
	cause lost.	(c)		***************************************									
	PART II. OTH	ER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN							
	3						PERFORMED? YES NO						
	PRIMARY O OF CON	TRIBUTING 💢		HOW INJURY OCCURRED (E									
	CAUSE OF DEATH.		Collisi	Lon between ca	r and tracto	or trailor							
7	20c. TIME OF INJUR	Y Month, Doy, Yes	20d, IN.	Not while focto	E OF INJURY (Home, formander, street, office bldg., etc.	m, 20f. (City or town)	(County) (State)						
	₹ 7:30 p.m	12-29 19	57 of work	1401 setting - 500	hway	St. Margarets	Anne Arun. Md.						
	21. I certify th	or took charge	of the re	mains described above	re, held an Autops	y x, Inspection ,	Inquiry , ond in my						
	opinion death	esulted from: _1	setshal ka	use , Accident 5	. Suicide .	Homicide . Undeterm	ined monner						
- (17	1 //			_						
	ACTUAL SIGNATURE	(Kruly)	M	well.	M.D. CHIEF MEDICAL E	XAMINER -	DATE HIGHED						
	EXAMINER'S				ASSISTANT MEDIC	AL EXAMINER	Jan. 16, 1958						
	NAME (Type)	mer G. Lin	hardt		DEPUTY MEDICAL	EXAMINER X	ban. 10, 17,0						
	720. BURIAL, CREMATION REMOVAL (Specify)	N. 226 DATE THEREC	F 2	C. NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, town, or co	ounty) (Stote)						
	Burisl	January]	7,58	Baltimore Nati	Lonal Comet.		ryland						
	23 FUNERAL D RECTOR E	To The State Party	Land of	1		THA: American	IN'S SIGNATURE						
	Hopping Fun	ers 1 Home	After After	a blis, Maryl	and DATE	JAN 2 0 '53 ()	teauch						

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BUILLY V. R.

CERTIFICATE OF DEATH 191 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY **b.** COUNTY MARYLAND Co. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Point Pleasant 13 vears Point Pleasant d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS IS RESIDENCE ON A FARM? P.O.Glen Burnie O.Glen Purnie YES 🔃 NO 📆 NAME OF Middle 4. DATE Month Year DECEASED Jan. 9/58 Helen (Type or print) R.Davis Rommel 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER TYEAR IF UNDER 24 HRS Temale Months DIVORCED [Oct. 16.1881 WIDOWED 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Balto. Md. S.A. Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown ----Reynolds 17 INFORMANT Address Zone 16 SOCIAL SECURITY NO No Mrs . Joseph Dreisch, 6300 Mount Ridge 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN CONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Cerebral Hemorrhage DUE TO General Arteriosclerosis Conditions, if any, which] gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost **buriol-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS) PERFORMED? YES NO TE 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d INJURY OCCURRED (County) (Stole) Hour a.m. foctory, street, office bldg , etc.) While Not while at work 21. I certify that I attended the deceased from June 1957 , 19____,that I last saw the deceased ____, and that death accurred at 2 Pe __M, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED rubes ()7/1 MD Elen Burnie, Md. PHYSICIAN'S Gustave H. Faubert, M.D. 22c NAME OF CEMETERY OR CREMATORY 220 BURIAL CREMATION 226, DATE THEREOF 22d LOCATION (City, town, or county) REMOVAL (Specify) New Jathedral Burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Juneral Directors, 4101 Edmondson VS A15 (4) DATEAN 1 4 '58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TOWEVO A. Z.

PEGEIVED PAN 11.3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 133 **CERTIFICATE OF DEATH** Reg. Dist. No. Page . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) . COUNTY filed a. STATE b. COUNTY MARYLAND 800 death. eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lawn) the fune should I Annapolis d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? within 24 hours YES TO NO T NAME OF First 4. DATE Middle Month Day Year DECEASED HIRAN (Type or print) DEATH 19 / 8 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Manths Days Hours Min. WIDOWED [7] DIVORCED [7] 6 yrs. 10a. USUAL OCCUPATION (Give kind of work done; 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16, SOCIAL SECURITY NO Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Ť, ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Aud Conditions, if any, which gave rise to immediate ě DUE TO cause (a), stating the underand lying cause last. burial-transit PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS ALTOPSY PERFORMED? YES T NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or Iown) (County) (State) factory, street, effice bldg., etc.) Hour a. n. While Not while at work | at wark p. m. 19.46, to Van 18 1958, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 2:304 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** SIGNATURE PA PHYSICIAN'S NAME (Type) FUNE 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, thwn, or county) (State) REMOVAL (Specify EXE o 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE 15M 9/55

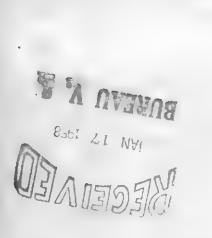
WE WALL MALL AND NALL

134 **CERTIFICATE OF DEATH** Rea. Dist. No director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY filed **b. COUNTY** MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) ě. RURAL and give risorest town) shaufd nnapoles d. NAME OF HOSPITAL UT not in haspital, give street oddress) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO 1 NAME OF Middle 4. DATE Last Month Day Yenr (Type or print) DEATH 195 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Dave Hours Min. Female WIDOWED 🖾 DIVORCED 1/0031 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) HUMPTON 13. FATHER'S NAME Leorge SchmerHOR Catherine 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT hadyside, Md. 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 31X DUE TO ģ igned by permit. any Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoling the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? burial YES NO 20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) Hour o. m factory, street, office bldg, etc.) While Not while of work of work 1958...that I last saw the deceased 21. I certify that I attended the deceased from. and that deoth occurred of 1.41 M, from the causes and an the date stated above. ADDRESS (Street, city or town, stple) ACTUAL SIGNATURE 2 2 PHYSICIAN'S NAME (Type) 220 BUR AL, CREMATION, 226, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) abod REMOVAL (Specify) Kreeu HI 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATUR DATE

death.

within

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



within 24 hours after death.

executed

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/SS

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR	E, 18
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193 CERTIFICA						E OF DEAT		Reg. Dist. No.		
	PLACE OF DEATH	4.A.C.	<u> - ال</u>	MARYLAN	TI.	USUAL RESIDENCE (W	here decease	ed lived. If instituti b, COUNTY		
	b. CITY OR TOWN (RURAL and give n	If outside corporate limi earest town! Linthicu		c. LENGTH OF STAY IN	Ib ,	control or town (if	oulside corp		URAL and giv	e nearest town)
	OR INSTITUTION	TAL (If not in hospitol. of		oddress) OW Rd	;	d STREET ADDRESS	orest	View R	đ	e. IS RESIDENCE ON A FARM? YES . NO E
3	NAME OF DECEASED (Type or print)	Fig.	187	Middle Schwe	ครา	Last	4. DATE OF DEATH	Mar	th "1	Day Year 19.58
5	M.			IED F NEVER MARRIED [3 8 0	TE OF WATH	5	9. AGE (In years lost birthday) 72 yrs.	Months D	YEAR IF UNDER 24 HR
L	etired (ON (Give kind of work king life, even if retired TOCETY	done 10b	KIND OF BUSINESS OR IN	NOUSTRY	11 BIRTHPLACE (State	ar foreign		1	EN OF WHAT COUNTI
L	FATHER'S NAME	Honry Sel			1	Christ:	-	eirich		
15	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervica]	20-30-1846	7. INFO	mant Theresa	M.Sc	hweinsb	-=(09 Forest
		mmediate (tre	Aner mary	ne our	gen/ ne/		INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	200 ACCIDENT WA	HER SIGNIFICANT CON AS UNDERLYING CONTROL AS UNDERLYING MEDICAL EXAMINER)		CRIBE HOW INJURY OCCU					'EN IN PART I	(a) 19. WAS AUTOPSY PERFORMED?, YES NO-E
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m	Y Manth, Day, Ye	or 20d. It While at worl	Not while	PLACE foctory	OF INJURY (Home, form , street, office bldg., etc.	n, 20f. (Cit	y or fawn)	(Cou	inty) (State
	21. I certify the alive on	yo Levy	decease 19	ed from Des		720	L.M. froi	_	nd on the	of sow the deceos date stated abor DATE SIGN
.,	BURIAL, CREMATIC REMOVAL (Specify)		F SB	Lorraine T				TION (City, town, o	or county)	(State)
23.	FUNERAL DIRECTOR	S SIGNATURE	.410	ADDRESS OI Edmonds	y Lyane II.	24a REC	D BY REGIS		TRAR'S SIGN	drick

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· MA:

MR CETON FILL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MINIMA V, R.



death is	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	00191
hours after death er death. After thi	195 CERTIFICATE OF DEATH	nf
24 fre aff	1. PLACE OF DEATH COUNTY A COUNTY A CITY (It outside corporate limits, write RURAL LENGTH OF STAX CITY (It outside corporate limits, write RURAL and give needs)	nest fown)
4.7	OR end give neerest town TOWN POINT PLEASENT (Ill rural give location) HOSPITAL OR INSTITUTION OR ADDRESS OR TOWN POINT PLEASENT (Ill rural give location) ADDRESS OR TOWN POINT PLEASENT (Ill rural give location)	
istrar within	STREET ADDRESS 3. NAME OF (First) (Middle) (Lest) 4. DATE (Month) OF DECEASED (Type or Print) Mary Narie 5/1/1/2/2 DEATH	(Day) (Yaar) 1 19 38
certifica the reg	5. SEX 6. COLOR OR 7. SINGLE, MARKED. B. DATE OF BIRTH 9. AGE last birthday IF UNDER MONTHS OF BUSINESS 11. BIRTHPLACE (State or loreign country) 12.	
death death filled	done (definite mast of working the oven it.) OR INDUSTRY ALTO COUNTY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	COUNTRY?
that cian. e be omple trans	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (II Yes, give wer or detas of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS MR SML SIMMIUNT 774	AVE
he law requires attending physical death certifical hysician and consistents as a burial	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) Canges tive Heart Failure	INTERVAL BETWEEN ONSET AND DEATH
AL: T ital or at the ling ph	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GRYING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OC. OC.	Hypars
R HOSPITAL. by the hospital w requires that the ettending be detached for	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
SICIAN OR be retained by TOR: The law executed by Imply should be	216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, Ierm, Iactory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO W
PHYSIC may be RECTOR een exe	21d. TIME OF INJURY (Month) (Day) (Year) [Hour) 21e. INJURY OCCURRED While Not while at work 21f. HOW DID INJURY OCCUR? M. et work 12f. HOW DID INJURY OCCUR? 22e. I hereby certify that I attended the deceased from SEPT. 1954, to DEC. 1957, that I	last saw the deceased
ERAL DIS	alive on 190 23, 195, and that death occurred at 83 AM, from the causes and on the date state SIGNATURE M.D. LALCU: KUMINE NA M.D. LAL	
	23. BONAL, CREMATION, DAYE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) APPLICATION (City, town, or county) NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)	3 L VD (State)
	DATE 1/3/58 TOTAL SESSIONS GEDLEIMISACIT N	ZÝNBHUKS

BUREAU V, &

OBVEDER 1963 1963

CERTIFICATE OF DEATH

136 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) . COUNTY **b.** COUNTY CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limit) write RURAL and give nearest town) and give neares town) ngt in hospital, give street address) STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO 17 NAME OF 4. DATE Month Day Yeor DECEASED (Type or print) DEATH 19 5 COLOR OR RACE 7. MARRIED TO NEVER MARRIED AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS DATE Months Days Hours Min. WIDOWED IT DIVORCED | JUSCIAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OF INDESTRY IX BERTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? the most of working life, even if retired) FATHER'S NAME 14 MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES NO | 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg , etc.) Hour a. ss. While Not while of work at work p. m. 21. I certify that Lattended the deceased fram, .that I last saw the deceased alive an .__, and that death occurred at / M, from the causes and an the date stated above. ADDRESS (Street, city or fown, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 229 BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OR CREMATOR 22d/LOCATION (City, town, or county) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b/REGISTRAR'S SIGNATURE

DATE

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CHIEF MEDICAL EXAMINER

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ASSISTANT MEDICAL EXAMINER A

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246. REGID HY, REGISTRAN

22d. LOCATION (City, town, or county)

246 REGISTRAR S SIGNATURE

DATE SIGNED

[Slote]

CTO Popular Short NEW 0 VS. A15ME

ACTUAL

de

SIGNATURE

EXAMINER'S

NAME (Type)

REMOVAL (Specify)

270. BURIAL CREMATION 226. DATE THEREOF

DE'S SIGNATURE

William V. Movitt, Jr., M.D.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

funeral pe p TO FUNE 10

death

EUTENU V. S.

V5 A15 (4) 15M 9/55

		138 CERTIFICATE OF DEATH Reg. Dist. No. 2/
	1. F	PLACE OF DEATH COUNTY WHILE O COUNTY WARYLAND O STATE O STAT
	t	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CIPY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
		d. NAME OF HOSPITAL (I) hos in hospital give street address) of these topicon his topicon will all the street address on a farm? The first topicon his topicon will be street address on a farm? YES NO
	-	NAME OF DECEASED (Type or print) Charles (First Middle Lost SOC) DEATH Day Year 1958
	5. 5	Male Cal, WIDOWED BY DIVORCED 12-12-1880 Intringbyl Months Days Hours Min.
	2	form to st of working life, even if retired) Curplinter Maryland, U.S. a
		FATHER'S, NAME Thompson Thompson Jane Coales
		Address DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 12 INFORMANT Thompson - and 16. Social Security No 12 INFORMANT Thompson - and 18. Med 18.
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) WAS CAUSED BY: IMMEDIATE CAUSE (c)
		Conditions, if any, which) (b) Appeilorson & arlanuscleracy
	_	gove rise to immediate couse (a), stating the <u>under:</u> Lying couse last. DUE TO (c)
)	PICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICA	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour e. m. 19 While Not while of work of work of work of work while of work while of work of
		21. I certify that I extended the deceased from Mary 10, 1951, to 1550, 19, that I last saw the deceased alive an 12, and that death accurred at 15, M, from the causes and on the date stated above
		ACTUAL SIGNATURE M.D. L. CAPER M.D. L. C. Chestra (St. 1-2-)
		PHYSICIAN'S A TALLEY anopole
	220	Franklin Clapel Churchton, Md.
	23	AUNERAL OPRECTOR'S SIGNATURE ADDRESS

Thumba

13.55

J. V. ...

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY Filed b COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN write RURAL and give nearest town) auts de corpara RURAL and ofe necrest lown | Phillers wille 20 d. NAME OF HOSPITAL (if not in haspital, give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM? 5-NUTSIAP-YES NO P NAME OF DATE Middle Month Day Yeor DECEASED OF (Type or print) DEATH 19 5 within 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 8-DATE OF BIRTH 9. AGE (In years lost birthday) NEVER MARRIED Months Days WIDOWED T DIVORCED [7] USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 111, IRTHPLACE (Stole or foreign cayntry) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. /INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) de 3 37 X DUE TO any Conditions, if any, which gove rise to immediate cosse (o), stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) O. m. foctory, street, office bldg., etc.) While Not while p. m of work of work 21. I certify that I attended the deceased from 192 that I last saw the deceased and that death occurred at (3)M, from the causes and an the date stated above. ADDRESS_(Steps), city or lown, stole) DATE SIGNED ACTUAL 0 HOSPITAL PHYSICIAN'S NAME (Type) DATE THEREOF BURIAL_CREMATION. OF EEMETERY OR CREMATORY 22d. LQCATION (City, town, or county) FUN page (Stole) REMOVAL (Specify) 0 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 746, REGISTRAR'S SIGNATURE **VS A15 (4)** DATE 15M 9/55

UND VIEW VAI

			MARTLA	ND STATE DEPARTA	MENT OF HEALTH	-BALTIMORE,	18						
			19	9 CERTIFIC	ATE OF DEATH		Reg. Dist. No. 00198						
, [P	ACE OF DEATH COUNTY Anne Arun	idel_	MARYLAND	2. USUAL RESIDENCE (Who o STATE Maryland	re deceased lived. If institu b. COUNT	tioni Residence before admission)] Homand						
四 1	Ь	CITY OR TOWN (If outside RURAL and give nearest to	i corporate limits, w wn)	rite C LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	taide corporate limits, write	RURAL and give nearest town)						
_	F	ort George G.	Meade	3 hrs 30 mi			· /						
<u></u>		NAME OF HOSPITAL (IF OF	_	ureer addressj	d STREET ADDRESS	et a	e. IS RESIDENCE ON A FARM?						
3		S. Army Hos	First	Middle	Rt 1 Box		YES NO NO NO						
	D	CEASED ype or print)	WANDA	LYNN	WARFEL	OF	uary 14 1958						
5	SI			MARRIED NEVER MARRIED	8. DATE OF BIRTH	P. AGE (In years lost birthday)							
				DOWED DIVORCED	1/ Jan 1958	lost birthdoy)							
1	θο.	USUAL OCCUPATION (Give	kind of work done	10b. KIND OF BUSINESS OR IND	USTRY IT BIRTHPLACE (Stote of	r foreign country)	12 CITIZEN OF WHAT COUNTRY						
L		None		None	Mary.	Land	USA						
13	3 F	ATHER'S NAME		14 MOTHER'S MAIDEN N.	AME								
	Charles Warfel Is was deceased ever in u. s. Armed Forces? 16 SOCIAL SECURITY NO. 17. INFORMANT 16 the B. 2 Day Caddress												
13	S. V Yes		5. ARMED FORCEST a war or dates of service		MO UIET,	Rt 1, Box 84	dress 3						
=	-	No		None	Hanover	Maryland							
		B. CAUSE OF DEATH (En		per line for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH						
	ı	6 × IMMED	IATE CAUSE (o)	Prematurity			3 hrs 30 m						
		Conditions, if any, whi	DUE TO										
	1	gove rise to immedia	ote (
	1	couse (a), stating the und lying couse lost	(c)										
Ş	5	PART II. OTHER SIGN	NIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION G	IVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?						
ac A	5						YES NO						
) CERTIFICATION	. 1	260, ACCIDENT WAS UNDE DR CONTRIBUTING CAU IF EITHER, NOTIFY MEDICA	L EXAMINER)	DESCRIBE HOW INJURY OCCUR	ED. (Enter noture of injury in Po	ort t or Port II of item 18]							
MEDICAL	MCDICA	Oc. TIME OF INJURY Mon Hour o.m. p. m	V	NOJ. INJURY OCCURRED 20e 1 While Not while t work at work	*ACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(County) (Stole)						
ME		21. I certify that Lo	ttended the de	ceased from 1/ Jan	, 19 <u>58</u> , to <u>1</u> /	Jan 19.5	8,that I last saw the deceased						
MET		derining mon . o											
MET	- 1	alive on 17 Jar			h occurred at 0830								
2377		alive on 17. Jar			h occurred at 0830	DDRESS (Street, city or fown							
2377		ACTUAL JANE CHYSICIAN'S	41.4	19_58, and that deal	h occurred at 0830	DDRESS (Street, city or fown), stote) DATE SIGNED						
		ACTUAL ANTERIOR OF THE STANK	LL.Y	12_58, and that deal	M.D. USAH, For	DDRESS (Street, city or town	bade, Md. 14 Jan						
1	220.	ACTUAL GRANK BURIAL GORGINI BURIAL GORGINI COLUMN C	L. GRUSK DATE THEREOF	AY, MD 20c NAME OF CEMETERY Ballinar	M.D. USAH, For	George G. M	bade, Md. 14 Jan						
1	220.	ACTUAL GRANTING FRANK BURIA. GRANTING, 22b	L. GRUSK DATE THEREOF	AY, MD 22c NAME OF CEMETERY	M.D. USAH, FOR	DDRESS (Street, city or town, GOOTSO G. M. M. LOCATION (City, town, Ballimus) BY REGISTRAR 248, REG	bade, Nd. 1/. Jan or county) (State)						

Z 'A UAGAGG

US VED INAL

00199

e. IS RESIDENCE ON A FARM?

YES I NO P

PERFORMED? YES NO I

(Slote)

DATE SIGNED

(Stote)

VS A15 (4) 15M 10/57

PHYSICIAN'S

NAME (Type) 220 BURIAL CREMATION.

Hildegard Heard Reissmann, M. D.

22b. DATE THEREOF

24a. REC'D BY REGISTRAR

Crownsville. Md.

24b REGISTRAR S SIGNATURE

Crownsville State Hospital, Md.

22d LOCATION (City, town, or county)

2 .V UAZZUS

MINATED SIC

VS A1S (4) 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

00200

Reg. Dist. No.

1. [CANTE AF	RUNDEL		MARYL	AND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o STATE TARRELLE B. COUNTY AND							· · · · · · · · · · · · · · · · · · ·	
1	RURAL and give ne	Foutside corporate limi ogest (own) 	ts, write	c. LENGTH OF STAY II		CCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNAPOLIS								
	USINH ATTITUTE	AL (If not in hospital, g POLIS, MAR)	ive street YLa ND	address)		FEIN D		TNUCL				e. IS RESIDENCE ON A FARM? YES NO (A)		
1 1	NAME OF DECEASED Type or print)	Fir ELJ	Middle FORBES	VOOD	si	4. DATE OF DEATH	Mor JA1	Month TARY			Year 19 58			
<u> </u>	1111110			RIED NEVER MARRIED		8. DATE OF BIRT			9. AGE (In years last birthday)		IO R 1 YEAR Days		R 24 HRS. Min.	
100	during most of work Homemake	ing life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUS	-		or foreign co	ountry)	12 CI	TIZEN O		COUNTRY	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME						
	Willia	m L. WEAVE	2				Annie	FORBE	3					
15.	WAS DECEASED EVEN	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. H	NFORMANT			Add	ress				
	NO. OF GRENOWN	If yes, give war or dates of s	ervice)		U	SNH ANI	APOLIS	, HAR	YLAND					
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).]							INTE	RVAL BE	TWEEN	
	PART I, DEA	TH WAS CAUSED BY:	, 0	erebral Art	eri	oscleros	sis					DI'OX	2 los	
	334 X	DUE TO												
	Conditions, if ar	ny, which) (b	3											
	gave rise to immediate Carse (o), stating the under DUE TO													
	lying couse last. (c)													
Z O	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	O THE TERMI	INAL DISEASI	CONDITION GIV	EN IN PAI	RT 1(a) 1	9. WAS	AUTOPSY RMED?	
CAT	Di	abetes Mcl:	itus	and Fract	ure	Simple	Pelvi	is				_	NO X	
CERTIFICATION	20g ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DES	CRIBE HOW INJURY OC	CURRE). (Enter nature (of injury in I	Part I ar Part	II of item 18.)					
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Y Manth, Day, Yes	or 20d. II While at wor	Not while	20e PL/ fac	CE OF INJURY	(Home, farm te bldg., etc	. 20f. (City .)	or tawn)	(Caunly)		(State)	
	21. I certify the	at I attended the	deceas	ed from 10	an	19.58	8. to	10 Ja:	n 19 58	3.that L	last so	ıw the	deceased	
	alive on 10	Auto		S, and that	death			•M. from						
		.)	7						reet, city ar tawn,				TE SIGNED	
	ACTUAL SIGNATURE	Mues W.	Ann	AMPLE	. >	M.D. USI	NH AM	APOLI	S, HARYL	MD		1-11	-58	
	PHYSICIAN'S NAME (Type)	J. W. DIN	SMORE	LT MC USAF	}									
220	BLRIAL, CREMATION REMOVAL (Specify)) - / 4 - ;	58	22c NAME OF CEMEN	ERY O	ematory,		220 10041	ON (City, town,	or county)	,	(Sigh	nel	
23	FUNERAL DIRECTOR"	SSIGNATURE	Ly Ca	NO ADDRESS	na	potes	240. REC'	D BY REGIST	Die (STRAR'S SI	-	tE.		

NAL WALL

BUREAU V. S.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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201 CERTIFICATE OF DEATH 00201

	<u> </u>	1	QEICTIT IS	7715	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY	Anne Arund	el	MARYLAND	O SY		_	ed lived. If instituti b. COUNTY			re admiss	ion)
RURAL and give n	If outside corporate limited town) wmsville. M		c. LENGTH OF STAY IN TE		OR TOWN (III Unknot		orate limits, write R	G X	-	rest town	1)
d. NAME OF HOSPI	TAL (If not in hospital, c	ive street	oddress)		TREET ADDRESS				-		SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	Will		Middle	Y.	lest oung	4. DATE OF DEATH	Mor	oth	Do 20	у	Yeor 19 58
5. SEX Male			RIED NEVER MARRIED TO	B. DATE C			9. AGE (In years lost birthdoy) 72? yrs.	IF UNDER	1 YEAR Days		ER 24 HRS. Min.
100. USUAL OCCUPATION	The second section is a second section of the second section in the second section is a second section of the second section of the second section is a second section of the second section of the second section of the second section of the section of the second section of the secti	done 10b.	KIND OF BUSINESS OR INI			_	country)	12. CIT	IZEN O	F WHAT	COUNTRY
13. FATHER'S NAME				14. MO	THER'S MAIDEN	NAME					
	Amos Young				Betsy A	nn					
15. WAS DECEASEDEVE (Yes no. or untingwn)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO. 17	Hospi	tal Rec	ords	Add	ress			
Conditions, if a gove rise to i couse (o), stating lying couse tost.	the under-)	Cardio-Vascular Arterioscler Arronic Cerebra	osis al Sof	tening						DEATH
Če:		rios	Clerosis wit	h Psyc	hotic R	eaction	n	VEN IN PAK	1 1(0) 1	PERFC	NO [
	MEDICAL EXAMINER) RY Month, Day, Yee	20d. II While of wor	Not while	factory, stree	UURY (Home, fo	etc.)			County)		(Stole)
ACTUAL SIGNATURE	Depart &	- 1958 Carl		Sty	d a10:45	&_ M, fro	street, city or town,	and on t	last so	le state	deceased ed abave ATE SIGNED
117,007			Reissmann, N				tate Hosp		Md	•	======
BURIAL, CREMATIC REMOVAL (Specify)	1/24/58	F	Crownsvill			-	TION (City, town, wnsville	or county)		(Stot Md	•
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		24a. RE	C'D BY REGIS	TRAR 24b. REGI	STRAR'S SIC	SHATUR	RE	

DATEN 2 9 158

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BUREAU V. S.

MELLIO DEMPENDO TATO DASTRIAM

ANABOGO SIMONITIES

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00202

		. 4	45		CERTH	ICA	IE O	L DE	-	-		Reg. I	Dist. No		
1. P	An	ne Arunde	el		MARYL		o. STA	TE	e (wh		b, COUN	TV .	-	rund	-
Ь	RURAL and give no	outside corporate lim grest town! n Heights	ils, write	-	VPS	N 1b					rote limits, write	RURAL on	d give ne	orest low	n)
d	NAME OF HOSPITA	AL (If not in hospital, ookwood F	nive street	oddress)			d. STF	EET ADDRI	ESS		od Ros	ad			SIDENCE FARM?
D	AME OF ECEASED Type or print) (CLETUS	STAN	VLEY	Middle ZEF	RFOSS	5	Lost		4. DATE OF DEATH	Janua	onth	21	,	Yeor 19 58
5. SE	Male	6. COLOR OR RACE White	7. MARR	ED NEV	PER MARRIEI		May	14,	19		9. AGE (In year lost birthdoy 52 year)	Months		Hours	Min.
10a.	usual occupation during most of works Mechanic	N (Give kind of work ing life, even if retired 3	done 10b.	KIND OF BI		INDUSTR		ethplace intai		r foreign co	Penn.	12, 0	U.		COUNTRY
13. F	ATHER'S NAME						14. MOT	HER'S MAI	DEN N	AME					
	Stanle	ey Zeri	ces				Ca	arrie	1	Boyer	•				
15. V (Yes,	NO DECEASED EVER	IN U. S. ARMED FOR	service1			17. INFO					A	ddress	-		
				31-01		4 Mrs	5 · A	unna	re	tcava	ige Zei	foll	-	ame	
		TH (Enter only one co TH WAS CAUSED BY:	ouse per lir	ne for (o), (b), and (c).]	_1 _	P				11.	^		ERVAL BE	DEATH
	A O	IMMEDIATE CAUSE (1//	1108	cutor	up	14	ulla	V2.0	nes 0	Live	10	-	f mo	ulltin
	Conditions, if on	DUE TO	1	WALL	non	n a	0	11	N	and			2	2 years.	
	gove rise to in couse (o), stating t lying cause fost.	nmediate (<u> </u>			X							<i>g</i>	
CERTIFICATION		ER SIGNIFICANT CON		ONTRIBUTII	NG TO DEA	TH BUT NO	OT RELAT	ED TO THE	TERMIN	IAL DISEASE	CONDITION C	SIVEN IN PA	(RT 1(o)	9. WAS PERFO YES	RMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW	INJURY OC	CURRED. (Enter no	lure of inju	ry in P	ort I or Port	II of item 18.)				
MEDICAL	Nour o.m.	Month, Day, Ye	or 20d, It While of worl	NJURY OCCI	hile	20e. PLACE foctor	E OF INJ	URY (Home office bldg	, form, j., etc.)	20f. (City	or town)		(County)		(Stote)
	actual	Sujain	deceose 19	-0	and that a	7		56, to	1-(34 S	DDRESS (St	the causes reet, city or tow Ritch	and on n, state)	the da	te state	ed abave.
	PHYSICIAN'S NAME (Type)	Benjamin	Ве	rdan	n M.	D.		Balt	Ω.	25,	A. A.	Con	Md	2	1958
220.	BURIAL, CREMATION	, 22b. DATE THEREC)F	22c. NAM	E OF CEME	TERY OR C	REMATO	****			ION (City, lowe			(Stot	e)
	Burial	Jan. 25	5, 19	58 L	aure	Hi	11 (em.		White	Haver	ı. F	enn	svlu	rania
23/	UNERAL DIRECTOR'S	SIGNATURE	4003	ADDR		Lawren	. (6			BY REGISTI	RAR 24b. REG	GISTRAR'S			

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